

PRIZE CLINICAL REPORTS
OF
SURGICAL CASES
TREATED AT THE QUEEN'S HOSPITAL,
BIRMINGHAM,
IN THE
PRACTICE OF W. SANDS COX, F.R.S.
SENIOR SURGEON.

BY JOHN MOORE,
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HOSPITAL, BIRMINGHAM.

—♦—
"VERO NOTITIAM SOLA EXPERIENTIA DOCET."—GREGORY.



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To Mr. JOHN MOORE was awarded the first Annual Prize offered by WILLIAM SANDS COX, F.R.S., for the best reports of Surgical Cases treated by him in his practice at the Queen's Hospital, during the Sessions 1843-1844, and which are contained in the following pages.

24, Temple Row, Birmingham;
April 5th, 1845.

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The * denotes that the case has appended to it remarks on its peculiarities.

PRIZE SURGICAL CLINICAL REPORTS,

&c. &c.

CASE I.

ELIZABETH D., Hill Top, æt. 49, the mother of seven children, housewife; was admitted into Adelaide Ward 2, October 26, 1843, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—*Oct. 26.*—She states that she has suffered from hemorrhage from the vagina for the last twelve months; that it has, during this time, been nearly constant and gradually increasing in severity; and that the blood discharged comes away “in clutters;” no white shreds are ever perceptibly mixed with it; she considers that the hemorrhage has been greater than usual at the menstrual periods. For six months previous to the time mentioned, the intervals between the catamenial periods have been unnaturally short and irregular. No *local* pain has accompanied the discharge, but she has of late suffered much from palpitation, and a sensation as of a hammer beating in her head. Her appetite is said to be good; the bowels confined.

PRESENT SYMPTOMS.—The pulse is quick, full, and weak; the tongue large, white and flabby; there is a general tendency to œdema; the countenance is pallid, of a yellowish cast, and strongly symptomatic of hemorrhage.

Oct. 26.—She had been under the treatment of the senior physician before her admission. She was now ordered to take—sulphate of magnesia, half an ounce; dilute sulphuric acid, one drachm; infusion of roses, eight ounces: an ounce and half to be taken every four hours.

Oct. 28.—Bowels are still confined; the hemorrhage continues: Compound alum injection to be used; ordinary diet; one ounce of sulphate of magnesia to be added to the mixture.

Nov. 3.—The bowels are now regular; other symptoms continue as before. On examination this day, per vaginam, a pyriform tumour, about the size of an orange, was discovered, apparently attached to the posterior part of the “os uteri,” as the finger could not be passed between it and the tumour in this

situation. The tumour was insensible. She was directed to continue the medicine.

Nov. 6.—She continues to suffer from hemorrhage ; symptoms otherwise as before. The following mixture was prescribed :—Disulphate of quinine, grains ten ; dilute sulphuric acid, one drachm ; infusion of roses, eight ounces : two ounces to be taken three times a day. She continued under this treatment until the 24th of November, when it was proposed to remove the tumour by ligature.



Nov. 24.—The neck of the tumour was constricted by means of Gooch's Canula (here represented), armed with common unbleached whip-cord of moderate thickness. The operation was unproductive of pain. Towards evening, however, there was some irritability of the bladder, for which she was ordered to take directly ten grains of the compound ipecacuhana powder. No unpleasant symptom supervened, the patient voiding her urine naturally, and not suffering from hemorrhage until the afternoon of *Nov. 29*, when the pedicle gave way ; but the os uteri grasped the tumour so tightly that it was necessary to remove it manually.

APPEARANCE OF THE TUMOUR.—The tumour was of a firm consistence and globular in shape. When cut into, it appeared to be composed of a fibrous substance, the peripheral structure being more dense than the central portion, thus giving it the resemblance of an encysted tumour. The pedicle was remarkably small, not more than one-sixth of an inch in diameter. The size of the polypus was about that of a small orange. Her pulse has improved and the beating sound in her head has much diminished after the operation. The medicine was continued.

Dec. 2.—Complains of depressed spirits, great general debility, and violent pain and throbbing in the head. Bowels regular. The following mixture was prescribed :—Disulphate of quinine, eighteen grains ; dilute sulphuric acid, twenty drops ; water, eight ounces : to take an ounce three times a day. Extra diet.

Dec. 6.—The head-ache much relieved ; no vaginal discharge ; improves in strength daily. The mixture was continued.

Dec. 8.—Walked out yesterday and to-day. The countenance is less sallow.

Dec. 14.—Catamenia came on to-day, accompanied by pain in the loins and lower part of the abdomen. She gradually improved in health and strength, and left the Hospital cured on the 23rd.

Jan. 12, 1844.—She visited the Hospital and was in the enjoyment of good health.

REMARKS ON THE ABOVE CASE.

SYMPTOMS.—Of this case, as generally happens, irregular menstruation was the first symptom. The pallid countenance and blanched lips, with palpitation and œdematus tendency here present, were strongly characteristic of hemorrhage long continued; as also were the constant head-ache and “hammering” sound, by Dr. Marshall Hall particularly noticed as diagnostic of anæmia, the result of hemorrhage.

ABSENCE OF USUAL SYMPTOMS.—The usual concomitant of the presence of polypus uteri, viz., a painful dragging sensation in the uterine region, was here wanting.

SPECIES OF LIGATURE.—The ligature used (*i. e.* common unbleached whip-cord) has been strongly recommended by Mr. Walne, on account of its increasing in thickness and diminishing in length when moistened; thus, instead of becoming loose after its application, gradually increasing the power of its grasp upon the tumour.

ABSENCE OF HEMORRHAGE AND PAIN AFTER OPERATION.—No hemorrhage, as is usually the case, occurred after the operation, and no inconvenience, further than mechanical, resulted from it. The absence of pain, after the tightening of the ligature, proved that none of the uterine fibres were included therein.

TIME OF SEPARATION.—The separation of a polypus from the uterus, after being ligatured, is stated by Churchill to occur from six days to three weeks. In this instance it took place on the fifth day, which may probably be referred to the size of the pedicle, which was in both instances small.

MODE OF EXPULSION.—The canula fell loose in the vagina, and the polypus required manual extraction. This is the usual course of events.

OCCURRENCE OF MENSTRUATION.—Menstruation, it will be seen, occurred naturally on the 16th day after the separation of the tumour, and lasted three days.

PROGRESS OF THE CASE.—The progress of the case after the operation was most satisfactory; no bad symptom occurred, and, considering the length of time during which the patient had suffered from hemorrhage, a speedy convalescence was the result. This, though a general, is by no means an invariable result.

SOMETIMES FATAL.—Cases of death, from irritation and fever, after this operation are on record. Dupuytren* met with eight or ten fatal cases, presenting all the symptoms which arise from the absorption of pus into the system.

* Churchill on the Principal Diseases of Females.

INSUFFICIENCY OF TORSION IN THE ABOVE CASE.—Notwithstanding the small size of the pedicle, torsion would most probably not have sufficed for the removal of this tumour, on account of its firm fibrous structure; and it is doubtful, if such a means of getting rid of it would have been successful.

EXCISION, WHETHER PRACTICABLE.—Whether the operation of excision would have been practicable is doubtful, as the pedicle was situated, as well as a portion of the body, within the cavity of the uterus. It would have been exceedingly difficult, as well as painful, sufficiently to have detracted the tumour to admit of the use of the knife.

INSENSIBILITY AS A DIAGNOSTIC MARK.—A lack of sensibility, as seen† in this case, is, by most writers, given as a valuable diagnostic symptom. It is not, however, invariably to be depended upon. Dr. Johnson‡ details a case in which an uterine polypus was acutely sensible; and Dr. Lever* even goes so far as to state that he has “found as many uterine polypi which are sensible as insensible.”

CASE II.

JAMES ROBINS, æt. 16, errand boy, Fazeley-street; was admitted into Victoria Ward 1, 6.45 o’clock, P.M., Jan. 23, 1844, under the care of Mr. Sands Cox.

HISTORY OF THE CASE. *Jan. 23.*—About half-past six, *p.m.*, he fell under the wheels of a car, when attempting to dismount from it whilst in motion, and the wheels passed over him. He was taken into a public house immediately after the accident. He was nearly pulseless, his countenance exsanguine, and skin cold and clammy. He stated, as did the bystanders, that the wheels had passed over the abdomen, which was tense and tender to the touch; but no external mark of injury was present; and the tenderness was principally complained of in the right iliac region. He was taken immediately to the hospital; hot fomentations were applied constantly to the abdomen, and a hot water jar to the feet; but he could not or would not take anything in the form of medicine. At 9 *p.m.* his pulse was slightly improved and the skin was somewhat warmer; but the pain and tenderness were undiminished.

Jan. 24; 12½ a.m.—Pulse 85, small and weak; temperature of surface rather increased; tenderness continues; pain stated to extend to the shoulders. Compound rhubarb pill, grains ten, to

* See Report of Nov. 3.

+ Dublin Hospital Reports. vol. 3.

‡ Practical Treatise on Organic Diseases of the Uterus, by Dr. Lever, p. 86.

be taken directly; one ounce of the ward mixture to be given every two hours. 9 $\frac{1}{4}$ a.m.: Has slept tolerably well through the night; has passed urine of a healthy character; the bowels have not yet been acted upon. Much tension of abdomen generally, but the pain is principally referred to the right hypogastrium, of which there is extreme tenderness; percussion emits a clear sound over the whole abdominal surface; the countenance is still much collapsed; pulse 110, small and weak; skin moderately warm, but dry. The lad appears perfectly sensible; but immediately upon being left to himself, drops off into a lethargic state. Twenty leeches to be applied to the abdomen; half an ounce of castor oil to be taken directly. Broth diet. 3 p.m.: The bowels have acted copiously, voiding matter of healthy appearance; and the leeches have bled freely. No alteration in the other symptoms since the last report. The lad having somewhat rallied, a more minute examination was instituted: he could raise his thighs without pain; no fracture of the pelvis or ribs could be detected. 10 $\frac{1}{2}$ p.m.: Less pain; pulse quick, small and soft. Warm chamomile flowers to be applied to the bowels.

Jan. 25; 9 a.m.—The patient appears better. Directed castor oil to be administered as required, and to take an ounce of the simple saline fever mixture every four hours. 5 p.m.: The knees are drawn up; general tenderness of abdomen increased in corresponding ratio with increase of pressure; clear sound, on percussion, over the whole abdomen; pulse 140, small and sharp; tongue somewhat coated; countenance anxious. Calomel, one grain, opium, one-eighth of a grain, to be given every four hours. Fifteen leeches to be applied to the abdomen. 8 $\frac{1}{2}$ p.m.: Abdominal tenderness (though still great) diminished. The abdomen to be protected from pressure by means of a rack. To continue the fomentations with chamomile flowers. 11 p.m.: The patient complains of sharp pain on the left side of the thorax, which is increased by inspiration; it often causes him to scream violently. There is dulness, on percussion, of the inferior portion of the left pleural cavity. Egophony and “tintement métallique” are heard opposite the inferior angle of the left scapula (the patient being raised up in bed). The heart’s action tumultuous, a distinct “bruit de soufflet” accompanying its first sound; abdominal tenderness somewhat decreased. To continue the medicine.

Jan. 26; 1 a.m.—Hemorrhage from leech bites continues; abdominal tenderness still diminished; pain in the chest not now complained of; pulse 140, small and jerking, but compressible; countenance still blanched, as noticed on his first admission. 11 a.m.: Pain of abdomen lessened; occasional pain in the cardiac region. 5 p.m.: Dulness over the cardiac region is unnaturally extended; percussion painful; on pressing the finger into the interspace of the fifth and sixth ribs, great pain is produced, as is also by

pressing upwards the fingers beneath the cartilages of the ribs on the left side; "bruit de soufflet" still heard, with the first sound distinctly over the base of the heart, muffled towards its apex; pulse still small, quick, and feeble. A blister to be applied over the chest, and the calomel and opium continued every three hours. 10 $\frac{1}{2}$ p.m.: Is sleeping; there is a marked improvement in the pulse, which numbers, in the minute, 104, is fuller and soft.

Jan. 27; manè.—Sleeping; pulse 110, soft, and of moderate volume; shrinks but little from pressure over abdomen; bowels open, secretions natural. *Vesperè*:—Pulse 120, smaller than in the morning; surface disposed to coldness; tongue furred, but moist; some thirst; no tenderness of the abdomen, (which is much less tympanitic) excepting in the left hypochondriac region; pressure between the ribs and percussion over the cardiac region, are still productive of pain; the bowels have been twice acted upon during the day; in the stool last voided, some membranous flakes are perceptible; urine deposits a copious lateritious sediment; the soporific tendency continues unabated. To continue the medicine.

Jan. 28; manè.—Abdominal tenderness entirely disappeared, excepting in left hypochondriac region; percussion over the cardiac region still painful; bellows sound still distinct; over the whole right side of thorax, as also over the superior portion of the left, the respiratory murmur is natural; egophony perceptible on a line with the inferior angle of the left scapula, not at all heard on the right side; pulse 120, thrilling; tongue still furred; no mercurial erethysm. *Vesperè*.—Sleeping, apparently easily; bowels have been twice acted upon during the day; no membranous flakes perceived. To continue the medicines.

Jan. 29; manè.—No alteration of symptoms. The countenance still bears a blanched and somewhat anxious character; slight mercurial action manifested; the use of the mercury to be persisted in, and also eight leeches to be applied to the left hypochondrium. *Vesperè*: Tenderness of left hypochondrium diminished; other symptoms unchanged. To continue the medicines.

Jan. 30; manè.—His countenance bears rather a more anxious expression than usual, and his pulse is smaller and more hurried than yesterday; the mouth is much affected by the calomel. (He has *just been raised* in a sitting posture: this may probably account for his apparently augmented debility.) To omit the calomel; to continue the saline fever mixture.

Jan. 31; manè.—Countenance improved; considers himself better; hypochondriac tenderness much diminished, though not dissipated entirely; bowels open; tongue slightly furred; mouth very sore; pulse fuller and soft; the cardiac pain has disappeared; bellows sound still present; states that he has always been sub-

ject to palpitation on any hurry or unusual exertion. Blister to be applied to the chest; chloride of lime gargle to be used frequently.

Feb. 1.—Still improving; the blister has risen well. To continue the saline fever mixture, and half an ounce of castor oil when necessary is to be given.

Feb. 2.—Tenderness diminished; pulse feeble; tongue nearly clean, and moist; soreness of mouth relieved; bowels once acted on by castor oil; secretions natural. To continue the medicines.

Feb. 3.—Tenderness nearly, but not quite gone. To continue the medicines.

Feb. 4.—Can rise in bed without assistance and without inconvenience; but there is still slight tenderness. Respiratory murmur perfect over the whole chest; dulness on percussion of left side gone; bellows sound still present. To continue the medicines. Light pudding for dinner.

Feb. 7.—Tenderness entirely disappeared; bowels regular; tongue slightly furred; much soreness of the teeth and gums; pulse fuller; bellows sound still present. The following gargle was prescribed:—Tannine, ten grains; rectified spirits of wine, half an ounce; water, eight ounces; to gargle the mouth frequently.

Feb. 8.—Soreness of mouth better; no abdominal tenderness; bowels regular; feels altogether better, and is able to get up. Spirit of ammonia, spirit of nitric æther, of each two drachms; infusion of cascarilla bark, seven ounces and a half; to take one ounce three times a day. A mutton chop for dinner daily.

Feb. 10.—Gains strength; walked out to-day. There is still a degree of pallor of countenance.

Feb. 14.—Improves rapidly. From this time he gradually continued to improve, and left on the 21st of the month cured. The “bruit de soufflet” remained.

REMARKS ON THE ABOVE CASE.

PROBABLE NATURE OF INJURY.—The pinched expression of countenance, together with extreme general collapse, tympanitic distension, and *circumscribed* pain of abdomen,* strongly indicated rupture of some or other of its viscera. The improvement,† however, slight though it was, which three hours produced, tended to render this doubtful. No extravasation into the peritoneal cavity took place,‡ as the uniform clear sound produced by percussion proves.

* Immediately following severe injury.

+ Vide report of 23rd, 9 p.m.

‡ Except of air, which might have occurred, as there was some tympanitis from the first.

SYMPTOMS ON WHICH DIAGNOSIS IS FOUNDED.—Nevertheless, from the urgency of the primary symptoms, and the strictly localised tenderness and pain in the early stage of the case,* it is extremely probable that rupture had occurred.

CAUSES PREVENTING EXTRAVASATION.—Mr. Travers has shown that wounds of the intestines, and even of the stomach, when limited in extent, are not necessarily followed by extravasation into the cavity of the peritoneum. He proves that this may be prevented, first, by the mucous membrane protruding through the muscular coat, and thus closing the aperture; and secondly, by the equable pressure of all the abdominal viscera against each other, lymph being effused, and glueing together the adjacent parts and obliterating the rent.

PROGRESS OF CASE.—The progress of the case was extraordinary. That peritonitis, as it did, should supervene upon such an accident, was not at all to be wondered at; but concomitant with this were pleuritis† proceeding to effusion and pericarditis;‡ the sympathetic occurrence of which affections with peritonitis is unusual; it may probably be accounted for by the anatomical relation which the diaphragmatic pleura has to the peritoneum.§

BLEEDING, WHY NOT INSTITUTED.—The continued|| state of collapse forbade the institution of general bleeding.

REMEDIES EMPLOYED—THEIR EFFECTS.—The treatment was restricted to topical detraction of blood and the administration of mercury, the benefit derived from which was most marked. Relief from the more acute and urgent symptoms followed each application of the leeches; but it was not until mercurial erethysm was established, that the tenderness entirely disappeared; its dissipation was then nearly instantaneous, and recovery speedily followed.

As a topical application in peritonitis, the chamomile poultice is extremely useful after leeches, being most grateful to the patient's feelings, retaining warmth well, and possessing the advantage of lightness. The same may be said of hop poultices.

TINTEMENT METALLIQUE.—Marshall Hall** limits the existence of this symptom to two cases:—"1. In that of effusion into the pleura with pneumothorax, and a communication with the bronchi. 2. In that of a vast cavity *in the lung* only partially filled with thin

* Vide first report of case.

† Vide note of Jan. 25, 11 p.m.

‡ Vide note of Jan. 26, 5 p.m.

§ Thus described by Bourgerie, vol. iv., Des Poumons. "*Plevre diaphragmatique.*—Elle adhère beaucoup plus fortement que la plevre costale. En l'élevant avec des pinces, il est facile de voir que sa surface extérieure se dégagent un très grand nombre de lamelles, qui traversent les écartemens de fibres du diaphragme, auquel elles servent de gaines, et vont sur la face opposée se confondre avec la surface adhérente du peritoine."

|| An extremely blanched condition of countenance, with excessive debility, continued to near the time of his discharge from the hospital.

** Principles of the Theory and Practice of Medicine, p. 315.

pus ;" neither of which were, I am confident, in this case present. The pulmonary* sounds, on percussion and auscultation of the chest, were, on his discharge, perfectly normal. Dr. Watson† says of it, "Almost always—but that is not indispensable—the cavity communicates with the external air, either through the walls of the chest or through the bronchi." Lacméc‡ admits that it may occur where no communication exists between the bronchi and the pleuræ.

In the present instance there can be no doubt but that the air, evidently present, was secreted by the pleural membrane ; a possible occurrence, as proved by cases detailed by Dr. Graves.§

Dr. Williams|| admits, although inclined to a contrary opinion, that the void caused by the absorption of liquid effused into the pleural cavity, may be "*sometimes* filled with air secreted by the membranes."

CASE III.

JOHN SHAW, æt. 29, copper brazier, Nelson-street, admitted, under the care of Mr. Sands Cox, January 22, 1844, with dislocation (backwards) of the thumb.

Jan. 22.—On the evening of this day he applied at the hospital, having just sustained an injury to the hand from a fall. He was slightly inebriated.

PATIENT'S STATEMENT.—He states that, having stumbled, he put out his right hand, the thumb being bent upon the palm, to save himself. He pointed out the back part of the articulation between the first and second phalanges as the part on which the weight of his body had been received.

SYMPTOMS.—Upon examination a considerable tumour was seen upon the back of the radial side of the carpus of the right hand, the thumb being at the same time shortened and drawn slightly across the palm. Manipulation detected the base of the first phalanx** lying upon the dorsal aspect of the trapezium : it

* See report of Feb. 4th.

† Principles and Practice of Physic ; vol. 11, p. 122.

‡ De L'Auscultation Mediate ; tom. 1, p. 110.

§ System of Clinical Medicine, pp. ; 784 and 798.

|| Library of Medicine ; vol. iii., p. 130.

** It has been much disputed whether this bone be metacarpal or phalangeal, the analogy between it and the phalanges appearing greater than that it offers to the metacarpal bones. This would appear to have been perceived even in Winslow's time, who writes—"Alors on comptoit cinq os du metacarp et on ne donnoit que deux phalanges au pouce."—*Exposition Anatomique de la Structure du Corps Humain, MDCCXXXII*, page 89. In

was immediately restored to its natural position by even gentle traction.

EFFECT OF MUSCULAR ACTION.—The attempts of the patient, either to flex or extend the thumb again, instantly dislodged it. There was no crepitation.

TREATMENT.—Gentle extension being kept up, the joint was retained in situ by means of strips of emplastrum roborans, and firmly bandaging the forearm afterwards. The man was directed to come to the Hospital on the following morning, but never appeared again.

CASE IV.

PETER CURTIS, policeman, æt. 26, was admitted Jan. 25th, 1844, with dislocation (backwards) of the thumb, under the care of Mr. Sands Cox.

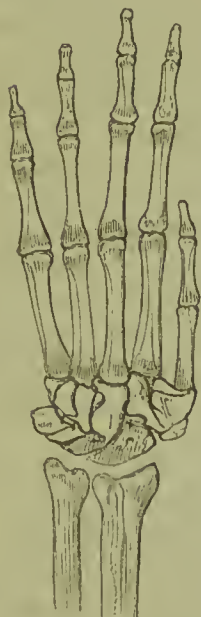
HISTORY OF CASE GIVEN BY THE PATIENT, who is of leucophlegmatic temperament, with a strumous tendency. *Jan. 25.*—He stated that on Saturday last, Jan. 20th, he fell on the back part of the thumb of the right hand, the thumb being at the time flexed upon the palm of the hand. Great swelling of the neighbouring parts immediately followed. He applied for advice at the General Hospital. The swelling, however, was so great, that the nature of the injury could not then be ascertained, and he was directed to use poultices and fomentations. On the following Tuesday, the swelling having subsided, the house surgeon informed him that the thumb was dislocated, and reduced it, securing it with splints.

APPEARANCES NOW PRESENT.—The articulation between the trapezium and first phalanx* of the thumb is excessively loose

Bell's *Anatomy and Physiology of the Human Body*, p. 98, we find—"The first bone of the thumb resembles the metacarpal bones in size and strength, but it differs widely in being set upon the carpus with a large strong head; in being set off from the line of the fingers, standing out on one side, and directly opposed to them. It rolls widely and freely: it is opposed to the other fingers on grasping, and, from its very superior strength, the thumb is named pollex, from *pollere*; and the peculiar shape of the articulating extremities, and the lateral processes or condyles, are, as it were, better characterised than in the bones of the fingers." So Bransby Cooper says, in his edition of Sir A. Cooper's work:—"It is quite unanatomical to consider the first bone of the thumb as a metacarpal bone, as in every respect it resembles a phalanx. The muscles which are inserted move the thumb upon the os trapezium, instead of the wrist joint, as all the muscles inserted into the metacarpus are destined to do; and the very distribution of the blood-vessels to the thumb is similar in arrangement to the blood-vessels of the phalanges; so that, whether anatomically or physiologically considered, it must be maintained that the thumb is devoid of a metacarpal bone. The very circumstance of a dislocation of this bone occurring, is a further proof of the propriety of its being considered as a phalanx, rather than as one of the metacarpal bones, which are scarcely obnoxious to this accident."

* See notes in last case.

and mobile, and on the patient bringing into action either* the flexors or extensors of the thumb, the base of the phalanx is immediately thrown backwards upon the trapezium, producing a very evident tumour upon the back of the carpus, the thumb being at the same time shortened and drawn slightly over the palm.



CREPITATION.—There is an indistinct sense of crepitation, such as is produced by the motion of tendons in the thecæ, where synovial fluid has been effused. There is some intumescence of the joint.

REDUCTION EASY.—The dislocation is most readily reduced and reproduced, causing very little or no pain.

TREATMENT.—A back splint was applied, extending above the wrist, to which the thumb was secured by bandages.

Jan. 27.—The patient complained that the splint was not sufficient to retain the joint in place, for that frequently, on moving the arm, he felt the dislocation recur. Some strips of strengthening plaister were now placed over the joint, and extending above the wrist, the splint being afterwards applied.

Feb. 14.—The use of the plaister was continued until the present time. It was to-day removed, and the joint found to be still unnaturally lax. There is yet a slight prominence of the base of the phalanx. The dressings, as before, were repeated.

Feb. 19.—On removing the dressings, the joint was found firm, and its motions perfect. A slight prominence, however, being still perceptible, simple bandaging, with the use of the soap liniment daily, was now ordered.

The patient continued in the hospital for the treatment of hydrocele, of which he was the subject.

REMARKS ON THE FOREGOING CASES.

SIR ASTLEY COOPER DOES NOT MENTION THIS DISLOCATION.—In Sir Astley Cooper's work on Dislocations and Fractures of the Joints, he writes, under the head of "Dislocation of the Metacarpal Bone from the Trapezium,"—"In cases which I have seen of this accident, the metacarpal bone has been thrown inwards, be-

* See "Effects of Muscular Action," p. 11.

tween the trapezium and the root of the metacarpal bone supporting the fore finger."

From this quotation it is evident that the displacement backwards was practically unknown to him. He does not, moreover, mention the occurrence of any other dislocation. On the other hand, Fergusson, in his "Practical Surgery," with reference to Sir Astley's statement, says—"I have not met with any example of this kind, but have seen several where the end had slipped backwards." Heister, nearly a century back, writes thus:—"Lastly, the bones of the fingers to which we join those of the thumbs*, are liable to luxation at each of their articulations, and that in several directions; but these accidents are both very easy to discover *and cure*." Now the reduction of the dislocation into the palm of the hand being so notoriously difficult, it must be clear that the dislocation to which he refers cannot be this; the expression, "easy to discover *and cure*," would rather lead us to suppose that the dislocation backwards was that only (of the first phalanx) with which he was acquainted.

CAUSE GENERAL OF DISLOCATION OF FIRST PHALANX OF THUMB.—Dislocation of the first phalanx is generally caused by falls, the arm having been extended to break the force thereof.

WHETHER BACKWARDS OR INWARDS.—Whether the luxation be backwards or inwards would seem to depend upon the state of the thumb, as to flexion or extension at the time of the accident.

FORMER LUXATION, HOW PRODUCED.—If the thumb be then extended, the application of force will still more powerfully throw backwards and outwards the distal extremity of the bone, its base being consequently driven inwards, and rupturing the capsular ligament. If the force be continued, it will impel the bone further inwards, between the trapezium and the base of the metacarpal bone supporting the index finger, from which position it is difficult to dislodge it, in consequence of the great power of the flexor and adductor muscles.

LATTER, HOW CAUSED.—If, on the other hand, the thumb be flexed, and the force be applied to its posterior aspect, the distal extremity will be powerfully forced inwards across the palm, and the base driven backwards and outwards, rupturing the capsular ligament in this situation; and it will be subsequently drawn upon the trapezium, and there retained by the contraction of the "extensor primi internodii pollicis," by some called "extensor metacarpi pollicis."

APPEARANCE PRODUCED BY THIS LUXATION.—The appearances produced by the luxation, the subject of the foregoing cases, are well marked, viz., shortening of the thumb, a considerable prominence on the back and outer part of the carpus, easily remo-

* He has just before mentioned the *four* bones of the metacarp.

vable by extension of the thumb and the inclination of the thumb across the palm.

REDUCTION EASILY ACCOMPLISHED.—The reduction is easily effected. There is, however, great difficulty* in retaining the bone, after reduction, in its due position, contraction of the extensors or flexors equally readily reproducing it; that of the former, (especially of the extensor primi internodii,) directly, by drawing backwards and upwards the base of the phalanx, and that of the latter, indirectly, by drawing inwards the distal extremity, the carpal end necessarily falling backwards.

TREATMENT IN THE CASE OF CURTIS—ITS EFFECTS.—The splint and bandage, though carefully applied in the case of Curtis, were insufficient to maintain the reduced bone in its place, the patient complaining that, on moving his hand, he frequently felt it moving about. Afterwards, when the joint was secured by plaister, a splint, and bandaging†, this sensation was not complained of; nevertheless, when, at the expiration of a month, the joint had re-acquired its natural firmness, there was still an unnatural projection of the base of the phalanx. The motions of the joint were, however, tolerably perfect.

SHAW'S CASE, WHY RECORDED.—The result of the case of Shaw is not known, but the details of the case have been inserted, as far as they were known, for the purpose of illustrating the *causes* and *symptoms* of the dislocation of which it was an example.

CASE V.

MARY BESTON, æt. 15, servant, admitted as an out-patient, Jan. 18th, with dislocation of ulna, backwards, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—About six or seven weeks since, she experienced weakness of the left wrist, and three weeks ago, whilst heaving a tub of water, she suddenly felt severe pain in the joint, which has, more or less, continued ever since, and which is increased by motion.

SYMPTOMS.—The carpal extremity of the ulna is thrown backwards, forming a considerable protuberance. When the fore-arm

* See "Fergusson's Practical Surgery," p. 154.—See also the case of Peter Curtis, p. 15.

† Continued up to the elbow. This appeared to be essential to restrain the action of the long extensor muscles.

is placed in a prone position, this is rendered more apparent. The hand drops, the line of the meta-



carpal bone of the little finger being far below the styloid process of the ulna. By pressure the dislocation may be reduced; but instantly returns on the pressure being removed.

TREATMENT.—The forearm being placed supine, a splint was affixed to the back thereof, having a prominence corresponding with the dislocated extremity of the ulna. This treatment was continued until the middle of March with no effect; a steel clasp was now substituted for the splint, by means of which the bone is retained in situ, and the use of the wrist much increased and improved.

CASE VI.

SAMUEL UNWIN, æt. 21, burnisher, was admitted into Victoria Ward 7, with iritis, following syphilis, Dec. 29, 1843, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—*Dec. 29.*—He states that about five months back he contracted syphilis. He had sores upon the glans penis, for the cure of which he applied to a druggist, who gave him pills and black wash. About a fortnight since his eyes became bloodshot, and painful on exposure to light and the atmosphere; there was also a sharp, constant pain in both eyes, but principally in the right.

PRESENT SYMPTOMS.—The eyes present the following appearances:—There is a distinct pink zone perceptible, surrounding the cornea of the right eye, of about one-eighth of an inch in diameter; the cornea is perfectly transparent, but there is a considerable deposit of lymph upon the iris, giving it a yellowish brown appearance; the pupil is contracted, and its edges are irregular and jagged. The left eye is nearly in a normal condition, appearing only weak. There is some intolerance of light.

On examining the penis, a chancre is seen on the frænum in

progress of cicatrization, and another on the prepuce, near the "corona glandis," in the same stage; no hardness remaining in either.

He says that he has not been salivated, but *has had a bad taste in his mouth*. Pulse small and weak. He was ordered calomel, grains twelve; opium, a grain and a half; confection of roses, sufficient to make six pills: one to be taken every four hours. Blisters to be applied behind both ears.

Dec. 30.—The right eye in much the same condition. The left has also become affected, a slight yellowish deposit having taken place upon the iris; there are also contraction of the pupil and irregularity of its margin, the cornea being surrounded by a well-defined pink zone. He was ordered to continue the calomel and opium; to rub in mercurial ointment. Extract of belladonna to be applied over each brow and around the orbits.

Dec. 31.—The pupils are well dilated, with irregular edges; the degree of inflammation the same as at last report; bowels regular; mouth and gums unaffected. He was ordered calomel, 24 grains; powdered opium, one grain and a half; confection of roses sufficient to form twelve pills: one to be taken every three hours.

Jan. 2.—The mouth is slightly affected; no alteration perceptible in the appearance of the eyes. To continue the pills.

Jan. 4.—The mouth is very sore, and there is much fœtor of the breath; the inflammatory zone is diminished in both eyes, pupils still irregular, but the lymph is partially absorbed. To omit the calomel and opium; the chloride of lime gargle to be used; to take two ounces of purging mixture.

Jan. 6.—The mouth is nearly well; an indistinct zone is still present around the margin of either cornea; bowels open. To take, night and morning, five grains of blue pill.

From this time until the 20th of the same month the patient continued to improve, when [Jan. 20] the appearance of the eyes was nearly natural, a deposit still remaining on the iris. There is some little soreness of the gums; the bowels are regular; the general health good; the cervical glands on the right side are become enlarged. To omit the mercury. He was ordered iodide of potass, one drachm; camphor mixture, eight ounces: one ounce to be taken three times a day. Ordinary diet. The effused lymph, under this treatment, became gradually absorbed, a narrow, indistinct, yellowish-brown margin *alone* remaining on the inner margin of either iris.

Jan. 25.—The patient carelessly subjected himself to the influence of cold, and he suffered a relapse, and the zone around either cornea again appeared, worse on the right than on the left eye; a trifling deposit, with some irregularity of the pupillary margin of the iris, being again visible. He was ordered a calomel and opium pill as before prescribed; to be taken three times a day.

Feb. 2.—A rapid improvement again took place; and the eyes became perfectly clear.

Feb. 5.—The use of the mercury was persisted in until this day, and it was now discontinued. The pupils are rather unnaturally dilated, but regular, a narrow yellowish-brown belt surrounding them; they answer perfectly to light; the sight is stated to be as good as ever; and exposure to the atmosphere produces no uneasiness. The cervical glands of the right side are still much enlarged. He was ordered iodide of potass, one drachm; camphor mixture, eight ounces: one ounce to be taken three times a day. The ointment of iodide of potassium to be rubbed on the neck night and morning. Two ounces of ward mixture occasionally.

Feb. 7.—Discharged.

Feb. 22.—He attended the Hospital. The eyes are perfectly clear; the glandular enlargements have disappeared.

N.B.—A green shade to protect the eyes has been worn throughout.

REMARKS ON THE FOREGOING CASE.

OPINIONS AS TO WHETHER IRITIS MAY BE A RESULT OF SYPHILIS OR NOT.—“*Syphilitic Iritis*,” says Copland,* “is perhaps the most common variety of this disease.” Wardrop† states that the iris is more liable to syphilitic inflammation than any other part of the eye. Gregory writes,‡—“For the most part, syphilitic ophthalmia assumes the form of inflammation of the iris.” In Hooper’s Medical Dictionary§ we find,—“It has been supposed by some that this peculiar variety of iritis is caused, not by syphilis, but by the mercury used for the cure of that disease; but this idea is now known to be incorrect, as syphilitic iritis has been observed in many cases where no mercury has been taken.” On the other hand, Sir A. Cooper writes,||—“I have never met with a case of iritis after syphilis, but where mercury had been previously given, and therefore I cannot say whether the inflammation of the iris has been the effect of the mercury, or of the original disease for which it was given.” Liston does not venture an opinion, he only says,**—“Iritis often occurs during the exhibition of mercury in undue quantities, and is said also to be a symptom of syphilitic taint.” Dr. Graves, in his Clinical Medicine, says,††—“You are all aware that persons who have taken mercury for

* Dictionary of Practical Medicine; part 3, p. 874.

† Wardrop’s Essays on the Morbid Anatomy of the Eye; vol. ii. p. 36.

‡ Elements of Theory and Practice of Medicine, p. 736.

§ Under the head of “Ophthalmia,” p. 961.

|| Lectures on the Principles and Practice of Surgery, p. 266.

** Liston’s Elements of Surgery, p. 343.

†† Graves’s Clinical Medicine, p. 666.

syphilis, without being entirely cured, are very liable to get iritis on slight exposures. Some persons attribute this entirely to the mercury; but mercury, in such cases, merely acts by rendering the patient more liable to cold; so that when iritis occurs in a patient who has been under a mercurial course, it is not in consequence of the direct operation of mercury, but by its increasing his inability to be affected by impressions from cold."

CAUSE OF AFFECTION APPARENT IN THE FOREGOING CASE.—The immediate cause of iritis in the preceding case would appear to be syphilis, primary symptoms being present at the time of its occurrence. The employment of the patient was one likely to act as a predisposing cause. The patient had been for some time taking pills from a druggist, by which his mouth had been unaffected, saving an occasional unpleasant taste in the mouth.

POSSIBILITY OF MERCURY HAVING BEEN CONCERNED IN ITS PRODUCTION.—As it was desirable to ascertain whether there was any *chance* of mercury having been the cause of the affection, the patient procured some of the pills; they were found to contain a large proportion of mercury*, so that it is possible that mercury might have been the "*causa mali*."

UNANIMITY OF AUTHORS AS TO TREATMENT.—However authors may disagree as to the immediate cause of this affection, all agree as to the necessity of mercurialization forming a principal means of treatment, to be assisted by blood-letting, seclusion from light, and purgatives, according as the peculiar symptoms of the case, or constitution of the patient, may require. The topical application of extract. belladonnæ is also universally admitted to be beneficial, to prevent the establishment of adhesions between the iris and capsule of the lens, or, when recently established, to destroy them.

MARSHALL HALL'S OPINION OF THE ACTION OF MERCURY IN IRITIS.—As regards the action of mercury, Dr. Marshall Hall speaks of it as being directly opposed to adhesive inflammation, of which he considers iritis a pure example, for says he†—"If the case be left to nature, such is its tendency and termination."

THE FOREGOING CASE ILLUSTRATIVE OF THE SPECIFIC EFFECTS OF MERCURY.—Unwin's case well manifests the beneficial effects of mercury in iritis. A considerable deposit of lymph had taken place, changing the colour of the iris from light grey, its natural colour, to a yellowish brown. As the mercurial action became

* *First*—By heating a portion of a pill in a glass tube, with dried carbonate of soda, when globules of mercury were deposited on its sides. *Secondly*—By digesting a portion in dilute nitro-muriatic acid, placing a drop of the resulting solution on the inside of a watch-case, and touching the moistened surface with a pen-knife, a white amalgam was instantly formed. *Thirdly*—By adding to the solution, prepared as in the last instance, a small quantity of a solution of iodide of potassium, when biniodide of mercury was deposited.

† *Principles of Theory and Practice of Medicine*, p. 97.

perceptible, the inflammation decreased, and absorption of the effused lymph was rapidly effected. Bleeding was not had recourse to, the natural conformation of the patient being slight, and his condition much debilitated at the time of his admission. The eyes being on the 20th in nearly a normal condition, iodine was then substituted for mercury, and the small deposit yet remaining disappeared under its use. The imprudenc of the patient now subjected him to a recurrence of the affection, the symptoms being nearly as well marked as at first. He was again placed under the influence of mercury, and again the iritis succumbed to its action without the assistance of other remedies, a slight and almost imperceptible discolouration of the pupillary margin of the iris being the only abnormal appearance remaining.

ENLARGEMENT OF THE CERVICAL GLANDS.—The superficial chain of cervical lymphatic glands on the right side became swollen on the first developement of mercurial erythysm, and is doubtless to be attributed to irritation, produced by the administration of mercury.

CURE.—The enlargement, however, disappeared under the use of iodine, and the patient was perfectly cured.

Another case of iritis, following syphilis, has been treated, since the above, by the senior physician, by leeching, blistering the temples, and by iodide of potassium internally. The patient, a policeman, progressed favourably, and was discharged cured on June 20th, having been in the hospital a month. He had been under medical treatment before his admission, *but had not been salivated*, though, as in the case above related, mercury was found to form the principal constituent of the pills he had been taking, of which he produced a specimen.

CASE VII.

HENRY BERRY, æt. 7, admitted, without note, 2$\frac{3}{4}$ p.m., October 28th, 1843, burnt; under the care of Mr. Sands Cox.
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HISTORY OF CASE AND SYMPTOMS.—He is stated to have been accidentally burnt by his clothes catching fire. The skin of the whole body, besides that of the right leg from the knee downwards, and the back part of the head and thighs, is destroyed, being of a dark brown colour and of coriaceous texture. The child is in a state of *extreme collapse*.

TREATMENT.—The face was kept moist with linseed oil and lime water, and the remaining burnt surfaces enveloped in wad-

ding. Wine and ammonia were administered at short intervals, but he gradually sunk, and expired at 6.50 the same evening.

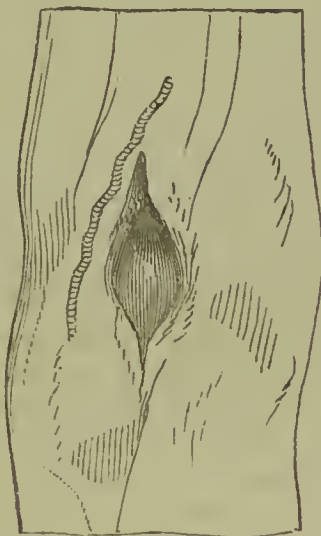
AUTOPSY.—On a post mortem examination, all the cavities of the heart were found to contain black fluid blood; the aortic valves and parietes were of a beautiful roseate tint; the lungs, *posteriorly*, were much congested; the large veins generally were unusually empty. The pneumo-gastric nerves were carefully traced, but no lesion detected.*

CASE VIII.

JOHN THOMPSON, æt. 39, jeweller, admitted for operation, February 14th, 1844, with a fatty tumour at the bend of the elbow, under the care of Mr. Sands Cox.

HISTORY OF THE CASE—PATIENT'S STATEMENT.—*Feb. 14.*—Two years back he first discovered a small tumour, of the size of a horse bean in the bend of the elbow of the right arm. It was not productive of either pain or inconvenience until August last, in which month he struck his arm against a wheel-barrow. The blow caused much pain down the outer side of the forearm, and swelling of the hand; since then the tumour has gradually increased.

PRESENT APPEARANCES.—There is now apparent a small elastic tumour,† about the size of a cob-nut, lying beneath the integuments in the triangular space between the median cephalic and median basilic veins. It is readily mobile from side to side, and this motion produces no pain; neither does pressing together the sides of the tumour; but direct pressure over it causes a sharp twinging pain down the radial side of the forearm as far as the wrist. Neither moderate extension, flexion, nor rotation of the joint, produces inconvenience; but continued flexion and extension cause pain down the outer side of the forearm. He does not complain of numbness of any portion of the hand or forearm; but cannot *fully* extend the



* In five cases of death from burns, the post mortem appearances of which have been carefully noted, no lesion of the pneumo-gastric nerves has been perceptible. The brain has been universally congested; in three cases the venous system generally has been congested; in one the veins have been unusually empty.

† The etching will convey a tolerably accurate idea of the situation of the tumour, with the relative position of the brachial artery.

little finger. There is some œdema of the ulnar dorsal aspect of the hand. The brachial artery, in its course down the upper arm, is very superficial, until it pierces the semilunar fascia, beneath which it dips, just above the joint. It feels under the finger like a cord, its coats appearing to be thickened; its course is extremely tortuous; at the joint it may be felt deeply pulsating beneath the semilunar fascia on the inner side of the tendon of the biceps muscle, which separates it from the tumour. The radial artery, almost immediately below the joint, becomes superficial and tortuous, pulsating and thrilling strongly.

CARDIAC SYMPTOMS.—He states that he has been occasionally subject to palpitation and shortness of breath, which sometimes kept him awake at nights; but he thought that indigestion, from which he suffers greatly, was the cause of these inconveniences. He cannot lie in bed without his head being much raised. On percussing the cardiac region, dulness is found to extend from the third to below the sixth rib; the integument covering the space between which and the seventh is distinctly raised at each pulsation. Dulness also extends to the right of the sternum.

AUSCULTATION.—Auscultation discovers a distinct brùit with the first sound, most perceptible at the base of the heart. The head, resting on the stethoscope, applied to the chest, is slowly but much raised by the heart's impulse. The pulse is strong, and of large volume, much protracted, and accompanied by a distinct vibration. The countenance is somewhat expressive of anxiety, sallow, and occasionally inclined to lividity; the lips constantly possess a livid tinge. Ordinary diet. He was ordered calomel, four grains; compound rhubarb pill, four grains: two pills to be taken at bed time. Two ounces of the ward mixture every morning.

Feb. 24.—From this date to the 24th he merely took an occasional purgative dose; but on this day he complained of a violent throbbing pain in the head, increased by the recumbent posture, with tinnitus aurium and depression of spirits. Bowels rather confined; pulse full and incompressible. He was ordered potassio-tartrate of antimony, one grain and a half; spirits of nitric æther, tincture of hyocyamus, of each two drachms; water, eight ounces: one ounce to be taken every six hours. Calomel and rhubarb pills to be repeated.

Feb. 25.—Much better; pain of the head gone; pulse more moderate. To continue the mixture.

OPERATION.—*March 1.*—On this day the tumour was removed by operation*. An incision was made longitudinally over the tumour, of about an inch and a half in extent, through the integuments, thus exposing the fascia; this was next divided, and the tumour came into view. The brachial artery being now held aside, the tumour was carefully dissected out. A small jet of arterial

* The arm being laid supine upon a table

blood, which issued from the surface of the tumour, led some of the bystanders to consider it aneurismal, but this resulted merely from the division of a small artery passing in front of the tumour. Above, it was found to be free and unattached. During the division of some cellular adhesions at the lower part, the median cephalic vein was opened, from which the blood flowed in a formidable stream. The hemorrhage was restrained by pressure with the finger, the wound being repeatedly cleansed by means of a wet sponge. The tumour was then separated from the cellular tissue on its inner side by means of the handle of the scalpel, and the tendon of the biceps was exposed, under which a portion of the tumour lay, and to which it was intimately attached by condensed cellular tissue. The tumour being now raised, the tissue was divided by one sweep of the knife, and the tumour removed. The edges of the wound were now brought into apposition, and so retained by strips of adhesive plaister, these being covered by a bandage, which was ordered to be kept wet with a lotion composed as follows:—rectified spirit of wine, one ounce; solution of acetate of ammonia, three ounces; water, twelve ounces. Potassio-tartrate of antimony, one grain; sulphate of magnesia, one ounce; peppermint water, seven ounces: two ounces to be taken three times a day.

NATURE OF TUMOUR.—The tumour was about the size of a small walnut deprived of the husk, of a fatty nature, its substance being here and there intersected by bands of condensed cellular tissue.

The patient was now placed in bed, with his arm laid on a pillow, the forearm being slightly raised. *Vespère*: Since the operation, he has felt a slight degree of numbness down the outer side of the forearm. No hemorrhage has occurred; the pulse is quiet.

March 2.—The patient complains of nausea and heartburn, with slight pain in the head; the bowels are regular; tongue clean and moist; skin moist; pulse disposed to hardness; the arm is perfectly easy and comfortable. He was ordered dilute hydrocyanic acid, twenty-four drops; bicarbonate of potass, two drachms; infusion of columba root, eight ounces: one ounce to be taken three times a day.

March 3; manè.—Head-ache and nausea gone; pulse softer; bowels regular; the numbness of the forearm diminishes. *2 p.m.*: Complains of pain in the upper arm, which is much swollen: it was found to be much constricted by the sleeve of his flannel waistcoat; this was, therefore, divided. The edges of the wound are slightly retracted. During the dressing of the wound a slight sanious discharge took place. *Vespère*: Complains again of much head-ache; the heart's action is strong, pulse 120; the arm is now comfortable. He was ordered potassio-tartrate of antimony, one-fourth of a grain; calomel, four grains; extract of henbane, two grains; to be taken immediately.

March 4; mané.—The head-ache is less; pain of arm entirely gone; bowels open; heart's action more moderate. 4 *p.m.*: The arm above the incision is hot, tense and painful; there is also great tenderness of the upper arm and axilla; the tongue is covered with white fur; pulse 128, easily compressible. The patient complains of great debility, and has experienced several times a sensation of chilliness. He was ordered Calomel, twelve grains; extract of hemlock, nine grains: to make six pills, one to be taken every three hours. Citric acid, 3 iss; water, eight ounces: one ounce to be taken with one ounce of the following mixture, in a state of effervescence, after each dose of the pills:—Sesquicarbonate of soda, two drachms and a half; water, eight ounces. Twelve leeches to be applied to the arm and armpit.

March 5.—Extreme debility and anxiety of countenance; bowels open, secretions healthy; the fur on the tongue has acquired a brownish tinge; pulse 130, weak. On examining the arm, the veins generally appear much distended, the upper arm is much swollen, and there is an inflammatory blush extending up its inner side. On exposing the wound, its edges offer a flabby, unhealthy appearance, and on pressing upwards, along the course of the veins of the forearm, a sanious discharge issues therefrom. The leeches bled well last evening and afforded temporary relief, but the tension and pain of the upper arm and axilla are again urgent. A linseed poultice to be applied. To continue the effervescing mixtures, and to omit the pills. *Vesperé*: The arm somewhat less painful; pulse improved; tongue still much furred and dry; skin hot and dry; some flatulence and pain of the bowels. To take immediately castor oil and peppermint water, of each half an ounce; to continue the effervescing mixture.

March 6; mané.—The bowels have been thrice open, affording relief; the arm is less swollen and not so painful; pulse rather fuller; countenance improved. 3 *p.m.*: Arm as at last report; griping pain in the bowels, but no tenderness upon pressure. To add to each dose of the effervescing mixture twenty minims of tincture of henbane. 10 *p.m.*: An evident improvement; countenance less anxious; pulse firmer and less frequent; tongue less furred and moist at the edges; skin still rather hot, but possessing a slight moisture; pain and tension of arm diminished; griping pain of bowels gone.

March 7; 9 a.m.—Feels much better this morning; the tongue is much cleaner, with moist edges; swelling of arm diminished, but redness is still perceived up its inner side; axilla quite free; some reddish purulent discharge issued from the wound. 10 *p.m.*: Still improves; complains only of "shivering* pain

* An inquiry had been made in the morning if he had had shivering, and the reply was in the negative.

down his arm." Half an ounce of castor oil to be taken every morning.

March 8.—Considers himself better; there is but little pain or tenderness of the forearm. By pressing downwards, in the course of the external and internal brachial veins, a purulent discharge of a brownish colour issues from the wound; this produces much pain. The tongue is much cleaner and moist; pulse 90, soft and compressible. Ordered to continue the mixtures and the castor oil.

March 9.—He still complains of a shivering pain in the arm, but states himself to be in other respects better; the redness on the inner side of the upper arm has disappeared but is still visible on the outer; the quantity and quality of discharge are unaltered. To continue the remedies.

March 10.—Still improving; less pain and redness; discharge healthier in character; countenance much less anxious; pulse calm; skin cool and moist.

March 11.—No appearance of inflammation; little or no pain; suppuration healthy; heart's action moderate; tongue clean and moist; improved appetite. He was ordered a mutton chop daily.

March 12.—The arm has recovered its natural size and appearance; suppuration from the wound at the elbow joint still extensive, but healthy; bowels regular; pulse rather weak, and of moderate frequency. He was ordered disulphate of quina, twelve grains; dilute sulphuric acid, one drachm; tincture of henbane, two drachms; infusion of roses, eight ounces: one ounce to be taken three times a day.

March 14.—Much better; arm free from pain and swelling; less discharge, but it is rather thin; general symptoms improved. The arm to be bandaged from the hand to the elbow, and from the shoulder downwards. The wound to be covered with water dressing.

March 16.—Suppuration diminishes; great general improvement.

March 18.—Going on well; passive motion of elbow joint to be daily used. To continue the remedies.

March 21.—Still improving; walks out daily.

March 25.—Suppuration now very slight; no pain; strength much increased; the arm can be well extended.

From this time no symptom of consequence appeared; the state of the arm and of the general health daily improved; and on the 10th of April he was discharged, cured.

REMARKS ON THE PRECEDING CASE.

NECESSITY FOR OPERATION.—Though the tumour was small and productive of comparatively little inconvenience, yet its situation and progressive increase threatened unpleasant consequences, and of course augmented bulk would have increased the difficulty and danger of an operation ; it was, therefore, resolved to remove the tumour at once. The countenance, pulse and general symptoms were, however, such as to lead to the suspicion of cardiac disease, which percussion and auscultation rendered evident ; and it was therefore considered advisable to ameliorate the cachectic habit of the patient by a preliminary alterative course of treatment ; which was accordingly exhibited.

DIVISION OF MEDIAN CEPHALIC VEIN DURING THE OPERATION.—During the operation, the median cephalic vein, which was in close apposition with the outer portion of the tumour, was opened. To this circumstance must, doubtless, be attributed the phlebitis which occurred on the third day after the operation.

SYMPTOMS INDICATING PHLEBITIS.—The attack of the disease was ushered in by chilliness, (it could not be ascertained that any decided rigors had been felt) followed by pain, tenderness, redness and swelling, particularly manifested in the course of the great veins of the arm and forearm ; there were also extreme depression of spirits and anxiety of countenance ; augmented volume of the veins of the arm and forearm was also present.

TREATMENT ADOPTED ANTI-PHLOGISTIC.—The cachectic habit of the patient precluded the use of the lancet ; and mercury, at first prescribed, was discontinued for the same reason. The topical treatment was confined to leeching, fomentations and poultices. The general treatment throughout was mildly anti-phlogistic, and the gratifying progress and result of the case, when compared with the severity of the primary symptoms, prove clearly the propriety of its adoption.

USE OF TONICS.—When all the symptoms of active disease had disappeared, and not until then, tonics were administered, and recovery was rapid.

PRESENT CONDITION OF THE PATIENT.—The patient has now the perfect use of the arm ; the motions of the elbow joint can be well accomplished ; the finger can be extended, and the œdema has disappeared. The general health is decidedly better than it was previous to the operation.

CASE IX.

GEORGE PALMER, æt. 21, shoemaker, admitted April 22, 1844, with an encysted tumour of the forehead, under the care of Mr. Sands Cox.

PATIENT'S STATEMENT.—“Has had a swelling over the right eye, as far back as he can remember, of about the size of a horse bean; within the last two months it has increased rapidly.”

SITUATION OF THE TUMOUR.—The tumour was situated on the right side of the forehead, extending from the external angular process of the frontal bone to the middle of the super-orbital ridge, inwards and upwards, about the space of an inch, fluctuating and easily moveable upon the frontal bone, from which it is quite free.

OPERATION.—*May 3.*—The tumour,* about the size of a walnut, was removed by an incision, downwards and outwards, across the tumour, through the integuments, and carefully dissected out. The edges of the wound were brought together by strips of adhesive plaister, the wound healed by the “first intent,” and the patient was discharged on the 11th of the same month, cured.

APPEARANCE OF TUMOUR.—The walls of the cyst were dense, and a quarter of an inch thick, and filled with a thick fatty fluid; its lining membrane was thickly beset with thick short hairs.

CASE X.

JANE ADAMS, coal-heaver, æt. 66, Lower Temple-street, admitted, without note, 8 *a.m.*, Feb. 9, 1844, with a compound fracture of leg, under the care of Mr. Sands Cox.

PATIENT'S STATEMENT.—*Feb. 9; 8 a.m.*—She states that about a quarter of an hour since, whilst getting in coals, she fell into a cellar, and felt her left leg give way; and that her general health has been good. Her general appearance would seem to indicate dram drinking.

APPEARANCE AND SYMPTOMS.—The appearance of the limb was such as represented in the annexed drawing: in whatever position



the leg is held, the foot falls at a right angle to it. On the outer side of the leg, about an inch and a half above the malleolus, is a small wound, from which there is but slight hemorrhage. Upon manual examination, the tibia is found to be broken obliquely, about an inch and a half above the malleolus; above this were two large pieces of bone loose and easily moveable; the fibula is much comminuted, to the extent of about an inch or more, commencing about an inch above the joint. There

is no tumefaction, but much local pain; there is no protrusion of the bone. She states her general health to be good.

TREATMENT.—The leg being semi-flexed upon the thigh, extension and counter extension were made at the knee and foot, and the fractured parts adapted as well as possible with the hand. The leg was now placed upon an outer splint, well padded, in a semi-flexed state, and secured thereto, above and below the wound, by means of bandages and tapes. Cold applications were ordered to be kept constantly applied to the leg, and the bowels being stated to be costive, a mixture as follows was prescribed, viz. :—one ounce of sulphate of magnesia; saline mixture, eight ounces: one ounce three times a day. Broth diet. *Vesperè*: The leg has been tolerably easy during the day; there is some little general swelling of the leg, and a slight blush of inflammation over the seat of fracture; oozing to some little extent has occurred.

Feb. 10.—Passed a good night; some cedema; little or no oozing; bowels open; tongue clean and moist. To continue the medicine.

Feb. 13.—No bad symptom has occurred, and the limb has not been disturbed; the general symptoms are good; the bowels were not acted on either yesterday or the day before. To take half an ounce of castor oil.

Feb. 14.—The bowels have been freely moved; the heat of the limb is now little more than natural; no pain.

Feb. 15.—A well padded leg splint, with foot-piece, to which strips of bandage had been previously attached, being applied to the inside of the leg, the patient was turned on her right side, and the leg, supported by the splint, laid on a bolster, and the outer splint being now removed, the wound was found to be nearly closed; but the integuments for two or three inches round were

slightly inflamed. Upon pressure, a small quantity of purulent matter came from the wound. The leg was now secured above and below the wound, and a poultice placed over the wound and surrounding parts which were inflamed. The general health continues good.

Feb. 17.—Suppuration still goes on; general symptoms good.

Feb. 19.—In consequence of the patient's restlessness, it was determined to place the leg upon the double inclined plane. The leg, previously well washed, was carefully raised up on the incline, previously padded, and on which a many-tailed bandage had been arranged. The leg was now carefully secured to the splint above and below the wound, extension being maintained by means of the foot-piece, and a pad of lint placed over the upper and projecting portion of the tibia: over the wound, wet lint was applied, and covered with oiled silk. The bowels being confined, a dose of castor oil was ordered.

Feb. 21.—Until now the patient had maintained the limb in a tolerably good position; this morning, however, the dressings were "confusion worse confounded;" the leg was much bowed outwards, and there was considerable inflammation around the wound; the thigh was nearly off the incline. The leg was now

put upon an inside splint, having a foot-piece, and on the outside a splint having a portion cut out corresponding with the position of the wound, to admit



of the application of

dressings. The splints being well secured by bandages,* were fastened in various directions to the bars of the bedstead, by means of strong tapes nailed to them. A poultice was afterwards applied over the wound. During the change of apparatus there was a considerable discharge of ichorous matter. Ordinary diet.

Feb. 23.—The leg has been kept in good place since last report; the integuments around the wound are more healthy; the discharge is not extensive, but sanious; the leg feels quite easy; bowels confined.

Feb. 25.—The discharge is still of an unhealthy character; general symptoms good. Anteriorly, the tibia appears now perfect, but a large piece of bone is still felt loose on its inner side. Ordered half a pint of ale for dinner daily.

March 1.—The discharge but little improved in quality; very small in quantity; no pain; general health good.

* The bandages had been previously smeared with powdered starch.

March 8.—The splints were removed for the purpose of examination: the leg was much firmer, but a small portion of integument on the inner side was inflamed and somewhat pushed out. A loose portion of bone can be felt beneath, close to the surface. The leg was again placed on the double incline; the bandages were omitted above and below the seat of the fracture, so far as to allow of the application of dressings; the thigh was firmly secured to the apparatus by means of the belt belonging to the pulleys, and this, by means of its rings, was connected to the bedstead on either side, the whole apparatus preventing any other than wilful displacement.

March 11.—The limb is retained in good position; but a small speck of ulceration is apparent on the inner side of the leg.

March 14.—The ulcerated spot on the inside of the leg is nearly healed, and the portion which was lying loose beneath can scarcely be felt. The shape of the leg is good.

March 21.—The limb continues in good position and acquires considerable firmness; the wound on the inside of the leg is quite healed.

March 25.—The wounds are quite healed and the limb appears sound, no detached portions of bone being now discoverable; there is, however, a good deal of thickening about the ancle. Several layers of starched bandage were applied.

April 7th.—The starched bandage has been retained until now. On its removal the leg was found firm and of good shape, presenting very little irregularity of the bone; a simple bandage was applied, and soap liniment ordered to be used night and morning.

April 24.—Discharged cured; she walks well, and is gradually recovering the motions of the ancle joint.

REMARKS ON THE ABOVE CASE.

PROGNOSIS UNFAVOURABLE.—The extensive comminution, the age of the patient, and the well-known intemperance of her class, led to an unfavourable opinion as to the result of the case. The prognosis was rendered still more doubtful by her extreme restlessness, which made it necessary to have recourse to powerful coercive means. The progress of the case was, however, unexpectedly favourable, well illustrating the “vis medicatrix nature.”

RAPID ABSORPTION OF LOOSE PORTIONS OF BONE.—An extraordinary feature in the case was the rapid absorption of a portion of bone, about an inch in length, which appeared to be on the point of perforating the integuments. As soon as pressure was

removed, the discoloured integument resumed its natural character, and in about a fortnight the loose portion of bone had entirely disappeared.

CASE XI.

WILLIAM COLLINS, gimlet-maker, æt. 34, was admitted February 11, 4½ a.m., 1844, with oblique fracture of the ulna, under the care of Mr. Sands Cox.

PATIENT'S STATEMENT.—*Feb. 11.*—He came to the Hospital in a state of intoxication about half-past four in the morning, stating that he had "just received a blow on the left arm from a poker. The blow was directed to his head, but he raised his arm to save it."

APPEARANCES AND SYMPTOMS.—The left forearm was supported by the right hand. There is considerable increase of the posterior diameter of the forearm, at the junction of the middle and lower thirds; the motions of the forearm are much restricted and productive of great pain; the ulnar border of the forearm is depressed in its lower third. The radius could be traced unbroken throughout; but on following upwards the course of the ulna, its inferior third was found considerably drawn outwards towards the radius. At the junction of the upper and middle third, was felt a sharp prominence, caused by the projection of the shaft of the bone, or rather of its superior fractured extremity. This readily yielded to pressure. By fixing the arm below the elbow, and rotating it at the same time, a crepitus was very distinctly felt.

TREATMENT.—The forearm being placed supine and fixed at the elbow, extension was made at the hand, which was at the same time abducted, to separate the inferior portion of the ulna from the radius; the displaced flexors and extensors were then returned to their natural locality, and to secure them, a compress of lint was placed over the inter-osseous spaces, on the dorsal and palmar aspect of the forearm. Over these an anterior and posterior splint were firmly bandaged, and the forearm was supported in a sling.



Feb. 15.—The dressings being loose, were replaced; he has had no pain, and there is but slight swelling.

Feb. 19.—Perfectly comfortable; bandages reapplied.

Feb. 23.—Going on well.

Feb. 26.—The ulna can now be traced throughout, and the broken ends appear to be tolerably firmly united; the appearance of the forearm is perfectly natural. A starched bandage was applied.

March 4.—Bandage changed; the position good, and strength increased.

March 17.—The patient again appeared at the Hospital. He has been, contrary to orders, working at his trade, and the ulna is much bowed, the convexity looking backwards, the concavity forwards. There is no protrusion of the interosseous muscles. The forearm was again put up with splints.

March 21.—Deformity diminished; treatment continued. The patient did not appear again.

REMARKS ON THE ABOVE CASE.

FRACTURE OF THE ULNA GENERALLY DEPENDENT ON THE APPLICATION OF DIRECT FORCE.—Fracture of the ulna only, almost invariably, as it was in this case, is the result of the application of *direct* violence to the fractured part.

CHARACTERISTIC SYMPTOMS.—The increased posterior diameter, and some degree of diminution of the lateral diameter, are highly characteristic of this injury. These depend upon the contraction of the “pronator quadratus,” drawing outwards the lower portion of the ulna, which diminishes the space between the radius and ulna, and of course causes protrusion of the muscles lying therein, both anteriorly and posteriorly. The upper portion of the fractured bone is retained in its natural position by the brachialis anticus.

POSITION, SEMI-PRONE GENERALLY USED;—SUPINE POSTURE, ITS APPLICABILITY.—The position generally recommended for the treatment of this fracture is the semi-prone; but the supine posture appears equally admissible. Care is only required, to prevent the approximation of the bones inferiorly, by well compressing, before and behind, the interosseous muscles. In one respect it appears more efficacious than even the semi-prone position, inasmuch as in the latter, the radius having lost its principal support, the ulna, in consequence of its fracture, is depressed and drawn towards that bone by the weight of the hand; while this inconvenience is certainly remedied by the supine position, which was successfully adopted in the present instance.

DISTORTION, CAUSED BY THE PATIENT'S IMPRUDENCE.—The imprudence of the patient, who worked at his trade, (that of a blacksmith,) contrary to orders, before the recently formed ossific matter was sufficiently hardened, subjected him to deformity; but this was in a great degree remedied by again having recourse to splints, and was, most probably, entirely removed; as the patient only attended the Hospital once after their reapplication.

CASE XII.

BENJAMIN CARPENTER, æt. 53, pensioner, admitted May 4th, 1844, with fractured tibia and fibula, under the care of Mr. Sands Cox. Site of fracture unusual.

CAUSE OF ACCIDENT.—He was admitted at 10 o'clock p.m., having fallen down stairs about an hour before, whilst in a state of intoxication, his right leg being at the time bent inwards.

APPEARANCE OF LIMB.—The upper part of the right leg was much deformed, there being a considerable prominence on its outer, and depression on its inner side. The foot was thrown inwards.

NATURE OF FRACTURE.—The tibia was found to be fractured transversely through its tubercle, the upper part of its shaft being thrown outwards, on a line with the *outer* margin of the patella; and the fibula was broken transversely below its head, opposite to the site of the fracture of the tibia.

CURE.—The limb was extended, and so retained by means of a posterior and two lateral splints, secured by bandages. The case progressed favorably, and the patient was discharged, cured, on July 5th. The motion of the joint is not perfect, but improves daily.

CASE XIII.

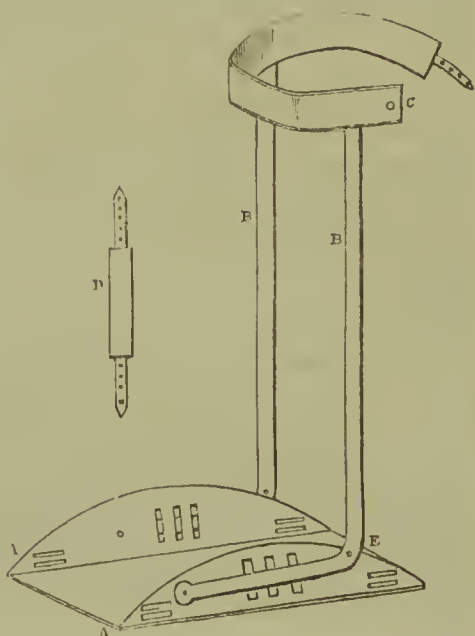
THOMAS DAWES, æt. 8, Suffolk-street, admitted Dec. 29th, 1843, with club foot, under the care of Mr. Sands Cox. Operation of the division of the "tendo-Achillis."

HISTORY OF CASE.—His mother states that when he was first put to walk, she observed a weakness of his left leg, and that this has increased gradually to the present time. He walks now with difficulty, and is frequently compelled to rest.

APPEARANCES.—The left leg is wasted and the knee bent, the forepart of the foot only resting upon the ground; and in progression too, the forepart of the metatarsus only touches the floor. The heel is raised more than an inch.

OPERATION.—*Feb. 15.*—This morning the “tendo-Achillis” was divided with Fergusson’s knife, (represented at p. 234 of his “Practical Surgery.”) The heel having been forcibly brought down, thereby rendering the tendon tense, the knife was passed before the tendon, and gradually and carefully directed backwards through it. The division of its fibres caused a grating sensation, and when perfectly accomplished, an audible snap was produced. The divided portions receded from each other nearly an inch and a half. Very little pain was experienced from the operation, during which not more than one drop of blood escaped. Extension was kept up by means of Liston’s apparatus.

A, Iron foot-piece, to which the foot is secured by means of tapes passed through the holes in its sides. BB, The steel sides, which extend as far as the tuberosity of the tibia, terminating in a padded strap C, which encircles the limb. D, A padded strap to press on the instep, to be looped on the brass studs E.



Feb. 16.—The cuticle on the dorsum of the foot was found to be abraded to some extent by the tapes, which could not be now used. Extension was now kept up by the strap over the instep, and a tape carried from the anterior portion of the foot-piece, on either side, to the upper circular strap. The abrasion on the foot was dressed with simple cerate. The same treatment was continued until the 26th; the restlessness of the patient scarcely ever allowing the instrument to remain on through the day, it was now entirely removed. The divided portions of the “tendo-Achillis” are still as far removed as they were immediately after the operation. A bandage only was applied, and the patient directed to walk daily.

March 11.—He can now put his foot well to the ground, and his walk is considerably improved; but in progression he does not bend his knee at all. The inner side of the foot is slightly drawn upwards, by a trifling degree of contraction of the tibialis anticus. The cut extremities of the “tendo-Achillis” can

still be distinctly felt, although the space between them is in a great measure filled up.

March 14.—He walks still better, bending his knee well, and walking much straighter; his foot can now be placed quite flat upon the ground, and the tension of the tendon of the tibialis anticus is much less.

March 20.—Discharged, cured.

REMARKS ON THE PRECEDING CASE.

DEGREE OF EXTENSION EMPLOYED AFTER THE DIVISION OF THE TENDO-ACHILLIS GENERALLY UNNECESSARY.—After carefully watching the preceding case, it would appear that the degree of extension generally employed after the division of the “tendo-Achillis,” where little or no lateral deformity is present, is unnecessarily severe and long continued; the extension here used was, after the day succeeding the operation, comparatively trifling, and, from the restlessness of the patient, would have been quite inefficient, had there been any tendency to contraction. This moderate and inconstant extension was discontinued after the 12th day, and the patient allowed to walk about “ad libitum.”

NO DISPOSITION TO CONTRACTION OF NEWLY-FORMED MATTER.—He remained in the Hospital after this nearly a month, and there was no disposition to recontraction; the deformity daily decreasing, and a slight contraction of the tendon of the tibialis anticus being eventually got rid of, the patient left the Hospital. A good example of the benefit derivable from that great improvement in modern surgery, the subcutaneous incision, which has been of late years so safely, extensively, and successfully practised by Stromyer, Duffenbach, Dr. Little, Fergusson, and others.

In the treatment of such a case, it is better to keep up *moderate** extension only, for a few days succeeding the operation, until all fear of producing inflammation has subsided, and then to direct as much walking exercise as possible; this appearing to be the most effectual way of preventing contraction of the newly-formed inter-tendinous structure.

DESCRIPTION OF INSTRUMENT REPRESENTED AT PAGE 36.—The steel sides of the instrument represented at page 36 act as levers of the first class, the fulcrum being at the instep, the weight at the toes, and the power at the top.

* For this purpose M'Intyre's splint seems best adapted.

CASE XIV.

SARAH BROOKS, æt. 70, Dudley-street, alms houses, was admitted September 28, 1844, with fractured radius, under the care of Mr. Sands Cox.

CAUSE OF ACCIDENT.—The patient, who, about eighteen months since, had the neck of the thigh bone broken by a fall, was brought to the Hospital at 7 *p.m.*, having been, about an hour before, thrown down by a boy running against her; and her weight fell on the left hand, which she extended to break her fall.

APPEARANCE OF THE LIMB.—The left hand is supine; about an inch above the wrist there is a considerable prominence on the radial side of the forearm anteriorly; this is found to depend upon the shaft of the radius being drawn inwards by the action of the pronator teres and the pronator quadratus. The distal extremity of the radius is broken off transversely, on a level with the base of the styloid process; the separated portion of bone can be readily moved in any direction; the ulna is perfect.

TREATMENT.—A pad of lint was placed over the inter-osseous space anteriorly, and an anterior and posterior splint, extending to the fingers, was bandaged to the forearm; the arm was afterwards placed in a sling, in a state midway between pronation and supination. The patient has been discharged, cured.

CASE XV.

JOHN BLUNT, æt. 12, nail-cutter, Suffolk-street, was admitted February 14, 1844, with laceration of the iris, under the care of Mr. Sands Cox.

PATIENT'S STATEMENT.—*Feb.* 14.—He was brought to the Hospital at 6 *p.m.* He stated that he had just been struck on the eye by a stone, of about half a pound in weight, thrown at him by another lad.

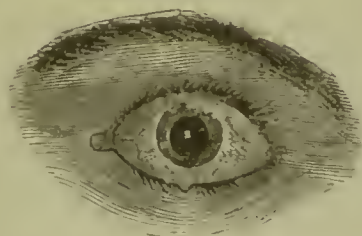
APPEARANCES AND SYMPTOMS.—The upper and lower lids of the left eye were much swollen and closed; yielding, when pressed with the finger, a crackling sound. They could not be sufficiently separated to afford a view of the eye, or any portion of it; but

there was no discolouration of the skin. At the margin of the lower lid, and at the junction of the middle and inner third, was a small triangular laceration, from which a trifling hemorrhage occurred. Some punctures were made with the point of a lancet into the swollen parts, from which issued some bloody serum, and air; the lids could now be a little separated, and considerable chemosis was visible. He was ordered low diet; and compound colocyath pill, six grains, with calomel, two grains, to be taken directly. Two ounces of aperient mixture every two hours. The eye to be covered with a poultice.

Feb. 15.—The distension of the eyelids much diminished; considerable chemosis; much pain in the eyeball complained of, but no frontal pain nor head-ache; pupil much dilated, and at the inferior and inner margin, a laceration of the iris, with no corresponding wound of the cornea, of which there is, however, some general opacity; bowels open. Eight leeches to be applied. He was ordered four grains of calomel, to be taken directly. A lotion of dilute diacetate of lead to be applied.

Feb. 16.—Inflammation much lessened; cannot raise the upper eyelid; vision tolerably perfect; pupil still much dilated; no increased deposit of lymph; bowels confined; tongue clean and moist.

Feb. 18.—Still slight conjunctivitis; no pain; vision perfect; pupil still excessively dilated; bowels open. To continue the lotion.



Feb. 20.—The pupil somewhat more contracted, and the rent of the iris less perceptible; still some conjunctival inflammation and opacity of cornea; bowels confined. Ordered to continue the lotion and repeat the powder. Blister behind the left ear; to be kept open with savine ointment.

Feb. 23.—Vision natural with either eye singly; but on looking at any object with both simultaneously, it appears double. He has now no pain, and the appearance of inflammation has much decreased; laceration of iris diminishes; pupil smaller, and answers slightly to light. To continue the medicine.

Feb. 27.—Double vision still complained of; but the appearance of the eye improves.

March 1.—Pupil more contracted, and answers well to light. The irregularity of the iris is now but little perceived; but its pupillary margin, especially at the lower and inner portion, is somewhat inverted. The sight is now natural. To continue the medicines.

March 5.—Vision tolerably perfect and inflammation apparently subdued; but as some opacity of the cornea remained, it was considered advisable to bring him into the Hospital, so as to have

him under more strict surveillance. He was ordered broth diet, and a blister behind the left ear.

March 7.—A blister at the back of the neck.

March 9.—The blister rose well; opacity diminished.

March 11.—Can discern minute objects clearly. On the inside of the lower lid is a small, vascular, warty-looking tumour, of about the size of a swan-shot, attached to the mucous membrane by a narrow pedicle; this was removed by a ligature.

March 16.—Opacity of cornea much diminished; pupil of the left, still much larger than that of the right eye, with some, though very slight, irregularity of the pupillary margin.

March 20.—Vision perfectly natural; corneal opacity gone; little or no irregularity of iris, but the left pupil still comparatively much larger than the right. Discharged cured.

REMARKS ON THE PRECEDING CASE.

UNUSUAL NATURE OF THE ACCIDENT.—Laceration of the iris, or rather its rupture, would seem to be of unusual occurrence, without simultaneous laceration of the superjacent parts. In the case herein detailed, a corresponding wound of the lower eyelid was perceptible, but not the slightest trace of injury to the cornea. The chasm produced was gradually filled up by the deposition of new matter; but at the time of his dismissal, the pupil of the injured organ was considerably larger than its fellow.

DOUBLE VISION—PROBABLE DEPENDENCE.—Double vision, too, was an unfrequent and apparently formidable symptom. It was evidently not the result of concussion, or it would have been earlier complained of. From its temporary character it would rather appear to have depended upon transitory congestion, or inflammation of the retina.

CASE XVI.

HENRY CROOK, æt. 9, pin-maker, Bow-street, was admitted as a casualty, Jan. 18, 1844, with phlegmonous erysipelas, following puncture, under the care of Mr. Sands Cox.

Jan. 19.—On a post mortem examination of the body of this child, who (admitted when in articulo mortis) died in twelve hours after admission, the following appearances were observed, viz. :—cellular tissue of right arm and forearm much infiltrated with

serum; an extensive abscess, containing dark-coloured pus, communicating with the shoulder joint, the capsular ligament of which was nearly destroyed; the coraco-brachialis, brachialo anticus, biceps, and deltoid muscles, extensively disintegrated. Beneath the inferior edge of the pectoralis major of the right side, was a circumscribed cavity, of the size of a walnut, containing dark-coloured pus.

THORAX.—Pleura generally adherent; surface of lungs generally studded with gangrenous spots; both lungs excessively congested; pericardium containing about 3 vi. of serum, the right side and anterior part extensively inflamed, posteriorly and on the left side it was thickly covered with a coating of lymph, between which and that covering the heart, adhesion had commenced. The heart was generally covered by a lymphic deposit, presenting a rugous appearance; as were the aorta and pulmonary artery, where lying within the pericardiac cavity. The substance of the heart and its valves were healthy.

ABDOMEN.—No diseased appearance, except in the kidneys, which were much congested.

CASE XVII.

JOHN WOODWARD, æt. 36, collier, was admitted Jan. 26, 1844, with varicose ulcers of the leg—apoplexy, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—*Jan. 26.*—The patient was afflicted with varicose ulcers of the left leg, from which he has suffered at times during the past three years. Ulceration was first caused by the fall of some coal, while he was working in the pit. He was an in-patient of the Hospital during the month of September last. Symptoms of apoplexy supervened upon the healing of the ulcers, for which it was found necessary to have recourse to bleeding and other anti-phlogistic treatment. Under this he recovered, and left the Hospital, cured, Nov. 1st. He has since enjoyed good health; but about Christmas his leg again broke out.

APPEARANCES AND SYMPTOMS.—There are now, on the anterior and inner part of the middle and the lower third of the left leg, several ulcers, the largest being about the size of a shilling; the edges are rounded and smooth; the granulations, lying deeply below the surface, are indolent; the integuments everywhere surrounding the sore are livid and congested; the discharge he states to be inconsiderable; the ulcers are extremely painful.

Jan. 26.—Under the application of water dressing, and regular, but moderated compression by bandaging, the appearance of the ulcers improved.

March 1.—On March 1st, when the cicatrization of the ulcers was nearly complete, he complained of diarrhœa, for which he was ordered the following:—blue pill, compound rhubarb pill, of each five grains; powdered opium, half a grain: to be taken directly.

March 2.—Purging continues; pulse weak; tongue clean and moist. He was ordered confection of opium, one drachm; chalk mixture, eight ounces: one ounce to be taken every four hours.

March 3.—Diarrhœa has ceased; he complains now of much head-ache; the pulse is extremely small and feeble; tongue clean and moist; pupils natural. There have been griping pains of the bowels since the cessation of the diarrhœa; his manner is much confused. Mustard poultices to the feet. Cupping glasses to be applied at the back of the neck. He was ordered castor oil, half an ounce; tincture of rhubarb, half an ounce: to be taken immediately. *Vesperè*: Symptoms somewhat improved; the bowels have been freely acted upon.

March 4.—Still some cerebral pain and confusion of manner; bowels quite open and free from pain; the pupils answer but imperfectly to light; the pulse is still extremely feeble. A large blister to be applied behind the neck, and he was ordered carbonate of magnesia, two drachms; compound decoction of aloes, eight ounces: one ounce to be taken every four hours.

March 5.—The blister rose well; the head is relieved, but a constant dizziness is complained of.

March 6.—Feels much better; the ulcers are nearly healed; the blister discharges freely; bowels open.

March 7.—Bowels freely open: dizziness diminished. To continue the mixture three times a day.

March 9.—Head quite free from pain; pulse extremely feeble; the patient complains of lowness of spirits and great debility. To add to each dose of the mixture, five grains of carbonate of ammonia.

March 11.—The blister is healed; bowels are open; confusion of intellect and vision is complained of on attempting to assume the recumbent posture. A large blister behind the neck. To continue the mixture.

March 12.—Allowed, at his own request, milk.

March 14.—Again complains of pain in the head, with beating of the temporal arteries; bowels quite open; pulse still weak. Mustard poultices to the feet.

March 15.—Head-ache and throbbing relieved. To continue the mixture.

March 18.—Continues to improve. To continue the mixture.

March 21. The ulcers have healed; constant dizziness again

complained of; the bowels regular; the appetite improved. A seton was placed in the back of the neck.

March 22.—Cerebral symptoms not yet relieved.

March 25.—The seton now discharges freely; the head is better, the appetite improved, but he still feels feeble.

March 27.—Discharged cured.

REMARKS ON THE PRECEDING CASE.

ADMONITORY TENDENCY OF THE PRECEDING CASE.—The occurrence of apoplexy twice in the person of the same patient, within twelve months, each attack immediately succeeding the healing of ulcers of the leg, leads to the consideration of the kinds of ulcers which may with propriety be healed. Sir E. Home considers that cures should not be attempted,—1. If the ulcer be evidently connected with the gout, having regular attacks of pain, returning at stated periods; and those attacks similar to what the patient has experienced in other parts.—2. If an ulcer habitually occur whenever the constitution is disordered.—3. If the patient be very infirm or old. Neither of these rules were applicable in the case of Woodward. Of middle age, good general health, not of full habit of body, and without hereditary predisposition to apoplexy,* it would scarcely have been supposed that danger should accrue to him; nevertheless, in both instances, we find the disease immediately supervening upon, or rather immediately preceding, the healing of ulcers of three years standing.

ASTHENIC NATURE OF APOPLECTIC ATTACK.—The attack was asthenic; appearing to depend more upon an irregular distribution of, rather than an excess of blood circulating in the system. The treatment, therefore, (in the latter attack, which was more immediately brought to my notice), was restricted to derivative remedies and counter-irritants, by which the symptoms were immediately relieved; but uneasy sensations continued until the seton, which was instituted, began to discharge.

SIMILAR CASE, OCCURRENCE OF IN THE HOSPITAL LAST YEAR.—A death occurred in the Hospital in the Session of 1842-3, when the patient, a robust man of middle age, was seized with apoplexy immediately upon the healing of some ulcers of the leg. A large clot was found in the right hemisphere of the brain.

PROPORTION OF CASES IN WHICH APOPLEXY HAS SUPERVENED ON HEALING OF ULCERS.—These two cases have occurred out of 82 which have been cured in the Hospital during the two years in which they happened. The proportion one in forty-one is so small,

* The discharge too being moderate.

as to appear almost accidental, but in both instances, cause and effect were so intimately allied, as to leave their mutual relation beyond the possibility of doubt.

NECESSITY OF STATISTICAL RECORDS.—It is much to be wished that such cases as the preceding should be recorded, as a means of affording rational data on which to found our opinions in a matter so important.

The consideration of such cases impresses the necessity of using vigilance in the examination of the effects of treatment even of ulcerated legs, which are apt to be but superficially examined by the surgeon, and spurned contemptuously by the student, as cases devoid of interest.

CASE XVIII.

JOHN BISHOP, æt. 24, boatman, Worcester, admitted without note, at 12½ *p.m.*, May 5th, 1844, with retention of urine, under the care of Mr. Sands Cox.

HISTORY OF CASE.—The patient stated that twelve months since he became a patient of the Worcester Infirmary, in consequence of stricture of the urethra; that an attempt was made to cure him by the topical application of caustic, but that this treatment caused a fistulous opening in the urethra, through which his urine passed for about two months, and has continued to do so at intervals since. He has also at times suffered from retention of urine, which he has generally relieved by gin and water and laudanum. He has now suffered retention of urine since yesterday morning.

PRESENT SYMPTOMS.—The bladder is much distended, extending nearly to the umbilicus. He has extreme pain; the pulse is quick and irritable, and the skin hot and dry.

TREATMENT.—An attempt was made to introduce catheters of various sizes, but without success. Under the use of opium purgative enemata, leeches to the perineum, and the hot bath, he was speedily relieved, and was discharged on the 9th of the month, at his own request.

REMARKS UPON TREATMENT.

The treatment adopted in the case, of which the above account gives a brief summary, is that which is invariably pursued in the practice of the Queen's Hospital, when moderate perseverance has

failed to pass the catheter, which, when much resistance to its passage is offered, even if successful at the time, increases the liability to future attacks. Liston, however, in his "Elements of Surgery," deprecates this treatment. He writes thus:—"The system may be drained of blood, and the body parboiled, without the patient being relieved." And further:—"By gentle insinuation, and perseverance in moderate pressure, properly directed, *the obstacle can always be overcome*, and that without the infliction of any injury to the parts. It may here be observed, that I have never yet been foiled in passing the catheter, though very many severe and difficult cases have fallen to my lot." This paragraph but badly accords with one contained in the next page, viz.—"Yet circumstances may soon occur to me, in which the introduction of an instrument along the urethra *shall be impossible*; . . . he who pretends to invariable success must be either a knave or a fool." The discrepancy of the above statements is manifest; it would have been well if the former, with respect to the universal possibility of passing the catheter, had been omitted, as its tendency is certainly such as to incite young practitioners to a *dangerous* perseverance in their attempts, when palliative remedies would have sufficed, without leading to unpleasant results.

CASE XIX.

JOHN LANE, æt. 21, brickmaker, Deritend, was admitted February 29th, 1844, with orchitis epididymitis, under the care of Mr. Sands Cox.

PATIENT'S STATEMENT—ITS UNTRUTH.—*Feb. 29.*—He states that he has taken cold, which has settled in his testes. He denies having, or having had, any urethral discharge. Upon compressing the urethra, however, some yellowish-white matter issued from its orifice; and upon a closer cross-examination, the patient admitted that he had contracted gonorrhœa about a fortnight since, and had been under treatment of a druggist up to the present time. About three days since, the discharge still continuing, he was directed to use an injection, which almost instantly restrained the discharge, but on the following morning the testes began to swell. Micturition is painful.

APPEARANCES AND SYMPTOMS.—The testes and epidymis of either, but especially of the right side, are much enlarged; the scrotum is swollen, tense, and red, and extremely tender to the touch; its veins also are much enlarged and distended. The

pulse is quick and full; the tongue slightly furred; the bowels stated to be free. The patient is of plethoric habit.

TREATMENT.—Several of the distended veins of the scrotum were opened by means of the lancet. They bled freely, and the hemorrhage was directed to be encouraged by the use of hot fomentations. He was ordered wine of potassio-tartrate of antimony, two drachms; sulphate of magnesia, one ounce; peppermint water, eight ounces: one ounce of the mixture to be taken three times a day. Broth diet.

March 1.—The swelling of the scrotum on the right side is much diminished; the left side is in much the same state as it was yesterday. Much pain is complained of in the course of the left spermatic cord, which is extremely tender; the vas deferens is considerably thickened. Hot fomentations having been premised for about half an hour, several of the scrotal veins were again opened, and they bled tolerably copiously. To continue the mixture.

March 2.—The swelling and pain of the scrotum are diminished, but shooting pain in the loins is complained of; the bowels are moderately open; the pulse is less frequent and full; the tongue still slightly furred. Ordered to continue the mixture, and calomel, four grains; powdered opium, one grain: to be taken at bed-time. Lotion of diacetate of lead to be applied to the part affected.

March 3.—The swelling of the testes and epididymis on both sides is again decreased; there is also less local heat; but the scrotum is tense and painful, in consequence of extensive infiltration into the cellular tissue. Some punctures were made with a lancet, from which much serum issued. The general symptoms are improved. To continue the remedies.

March 4.—The tension and pain are much diminished; the vas deferens is still enlarged on the left side. To continue the remedies.

March 5.—The swelling of the right side now depends solely upon cellular infiltration; the epididymis of the left side is still bulky and tender to the touch; the enlargement of the corresponding testis is scarcely perceptible; the bowels are regular and general symptoms good. To continue the remedies.

March 6.—There is still some infiltration of the right side of the scrotum. On the left side the testis is now of natural size; but the epididymis and vas deferens are yet somewhat enlarged. There is a slight return of the discharge from the urethra. To continue the remedies.

March 7.—The patient feels much better. The left epididymis is still enlarged, but it is a little tender; the cellular tissue of the scrotum is yet infiltrated. To continue the mixture, and ointment of iodide of potass to be rubbed in night and morning.

March 9—The swelling gradually decreases; there is little or no pain; a slight urethral discharge continues. To continue the remedies.

March 11.—The scrotum is nearly of natural size; the discharge increases. To continue the remedies.

March 14.—The swelling has entirely disappeared; but the gonorrhœal discharge still on the increase. To omit the mixture. He was ordered balsam of copaiba and solution of potass, one drachm of each; spirit of nitric æther, two drachms; camphor mixture, eight ounces: one ounce to be taken three times a day.

March 16.—The discharge lessens; the testes and scrotum are of natural size and free from pain. To repeat the mixture.

March 18.—The discharge decreases. The patient applied to be allowed meat, and was placed upon ordinary diet.

March 26.—The discharge has ceased, and the testes continue of natural size; the urine is copious and is voided in a full stream.

March 27.—The patient was discharged cured.

REMARKS ON THE PRECEDING CASE.

TREATMENT, ANTIPHLOGISTIC.—The powerful antiphlogistic treatment adopted in the case above detailed was most efficacious.

Bleeding from the scrotal veins appears to be equally as effective as the employment of leeches. In the present instance it was of great service in relieving tension and pain. It is well worthy of consideration in an economical point of view.

METASTITIS OF SYMPTOMS.—It will be seen, from the record of the preceding case, that the gonorrhœa, which had been repressed by the use of injections, returned gradually as the inflammation of the testes diminished, and was afterwards cured by copaiba.

CASE XX.

DANIEL GRIFFITHS, æt. 43, Bromsgrove-street, was admitted April 8th, 1844, with an encysted tumour of the cheek, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—The patient states that about eighteen months since a painful tumour appeared upon the right cheek, and it has progressively increased. The tumour, which is now about the size of a pigeon's egg, fills the right canine fossa, and extends

outwards over the external surface of the malar bones. It is firm and elastic, but fluctuation can be distinctly felt. Iodine having been topically applied without benefit, on the 22nd of April it was punctured with a small trocar, and about $\frac{3}{4}$ ss of yellowish viscid fluid escaped; the anterior wall of the antrum was now found to be absorbed. The tumour having again filled, on the 24th of May it was again punctured: about $\frac{3}{4}$ i. of fatty fluid came away, floating in which were numerous flat quadrangular crystalline plates, presenting to view, under the microscope, the prismatic colours. Having evaporated the whole to dryness in a steam bath, the dry residuum was digested in æther and strained; to the filtered matter of the ætherial solution (dried) was added dilute $\text{No}\frac{5}{6}$; this was also strained, and both solutions set aside to evaporate spontaneously. The ætherial solution yielded bright pearly quadrangular scales of *cholesterine*; the dilute $\text{No}\frac{5}{6}$, afforded no crystals.

CASE XXI.

SUSAN DUTHAN, æt. 2 years, Bishopsgate-street, was admitted, March 25, 1844, with partial dislocation of the humerus forwards, under the care of Mr. Sands Cox.

THE CHILD'S MOTHER'S STATEMENT.—The patient's mother states that yesterday, on moving her from one arm to the other, the child screamed violently, complaining of being hurt in her shoulder, which has continued extremely painful unto the present time, the motions of the arm being at the same time much limited.

APPEARANCES OF THE SHOULDER.—The right shoulder appears flattened, and external to the situation of the coracoid process is perceptible a distinct prominence; the elbow is thrown slightly backwards and outwards, the forearm being flexed upon the upper arm at an angle of about 45 degrees; the attempt to draw upwards and outwards the arm is productive of much pain, and motion in this direction is much limited; the head of the humerus is felt thrown forwards on the anterior border of the glenoid cavity.

REDUCTION.—By gently extending the arm and bringing the elbow gradually across the chest, the head of the humerus was restored to its natural locality, with a slight crackling sound; the shoulder was now of normal appearance, but the joint unnaturally mobile.

AFTER-TREATMENT.—The arm was supported by means of a sling, and bound to the side; in this situation it was retained for about a week, when it appeared to be much stronger.

CASE XXII.

WILLIAM HOLLAND, lamplighter, æt. 50, was admitted November 23, 1844, with double hydrocele, under the care of Mr. Sands Cox.

CAUSE OF ADMISSION.—This patient was admitted under the senior physician, suffering from an obscure gastric affection, supposed, from his “organic countenance” and characteristic symptoms, to be carcinomatous, but no tumour or hardness could be detected through the abdominal parietes. He has occasionally improved under treatment, and has now received benefit from the trisnitate of bismuth. He states that hydrocele first came on about four years since after a fall. Both sacs were emptied at the General Hospital, with a small trocar: and on the reaccumulation of fluid at the expiration of four months, it was again drawn off. The sacs have been since repeatedly distended, and the patient has regularly evacuated their contents by acupuncture. The last time he operated upon himself was about three months since.

SYMPTOMS.—Both sides of the scrotum are now much distended; the tumour is pyriform in shape, the base placed inferiorly, and perfectly translucent; the testicles are placed superiorly and posteriorly.

March 1.—This day the operation for radical cure was performed.

OPERATION.—A middle-sized trocar was plunged first into the right sac, and about twelve ounces of light straw-coloured serum were drawn off; an injection, composed of tincture of iodine, one drachm, and water, three drachms, was thrown into the sac by means of an elastic bottle, and the canula immediately removed, leaving the injected fluid within the sac. The same course of proceeding was now adopted with respect to the left sac, but only from eight to ten ounces of serum flowed from the cavity, and a small portion of the injection escaped. The patient suffered much from faintness after the operation, and complained of much pain in the scrotum itself, in the course of the cord, and in the loins; he also experienced considerable nausea. He was ordered as follows:—Citric acid, one drachm and a half; water, eight ounces: to take one ounce every four hours. Bicarbonate of potass, two drachms; tincture of henbane, two drachms; water, eight ounces: to take one ounce every four hours with the acid mixture in a state of effervescence. *Vesperè*: The sickness is relieved, but the pains, especially in the loins, are very violent; the tongue clean; the pulse natural; the bowels have been lately regular, they are

generally costive, but have been got into tolerable order by a preparatory alterative course of treatment. He was ordered acetate of morphia, half a grain; extract of henbane, five grains: to be taken immediately.

March 2.—The pain in the loins is much relieved; but the testes are much swollen and painful; nausea diminished. To continue the mixture. The serotum to be supported by a suspensory bandage.

March 3.—The testes are very much swollen and extremely tender; an inflammatory blush is spread over the whole scrotal surface; the lumbar pains are now scarcely felt. To continue the remedies.

March 4.—The tension and pain of both sides the serotum, but especially of the right, are much diminished; the bowels are confined. Ordered two colocynth and calomel pills, to be taken at bed time. To continue the mixtures.

March 5.—The left testis still swollen and hard, but little painful; the bowels have been opened.

March 6.—He has passed no urine this morning; the bowels are confined and uncomfortable; there is much pain produced by pressure over the left kidney; the left testis is still tense and painful. To add to the alkaline mixture, spirit of nitric æther, half an ounce; sulphate of magnesia, one ounce: to be taken as before.

March 7.—The swelling diminishes; the bowels are still confined; lumbar pain still continues; the urine is yet scanty. To continue the mixture.

March 8.—The bowels are much confined and painful; the patient is otherwise much the same.

March 9.—The bowels have been freely relieved; the left testis is still swollen, hard, and painful; quantity of urine still small. To continue the mixture without the sulphate of magnesia.

March 10.—The inflammatory appearance of the serotum is gone; the left testis now decreases in size; the secretion of urine is still scanty.

March 13.—Both testes are now but slightly enlarged; an unnatural hardness still remains, but is accompanied by but little tenderness; the bowels are regular. The patient complains of heartburn and sense of weight at the epigastrium, also of nausea after food. The epigastrium is tender to the touch; the tongue is clean and moist. Ordered to take creosote, ten drops; rectified spirit of wine, one drachm; water, eight ounces: one ounce to be taken three times a day.

March 14.—Gastric symptoms relieved by the first dose of the mixture. In other respects the patient progresses favorably.

March 16.—The testes are of natural size and quite free from pain. The patient again suffers from a recurrence of gastric symp-

toms; bowels regular; urine still scanty. To add to the creosote mixture one grain of acetate of morphia: to be taken as before.

March 18.—The epigastric pain and nausea are relieved, and occur now only by night. There is now a copious flow of limpid urine. No fresh collection of fluid within the tunica vaginalis of either side.

March 27.—He was discharged to-day, cured of his hydrocele; the gastric symptoms too were somewhat alleviated.

REMARKS ON THE PRECEDING CASE.

The iodine injection as used in the above case has gained much celebrity, as a cure of hydrocele, from the reported success of its employment by Mr. Martin, Surgeon of the Native Hospital, Calcutta. According to his account, it is uniformly successful, and free from danger.

It hardly appears necessary to leave a portion of the injection within the sac, as its presence would seem to be rather detrimental than otherwise, by preventing adhesion of the inflamed surfaces, as would any other foreign body. The statement that the iodine injection does not cure by causing adhesion, but by exciting a new kind of action in the secreting surfaces, requires to be substantiated by dissection; no account of which has yet been published. The statement too, that it is void of danger even if infiltrated into the cellular tissue of the scrotum, requires corroborative evidence. It is by exciting inflammation that its good effects are produced, and this curative process it is known sometimes extends so far, as to require *powerful* antiphlogistic treatment to remedy it. Why should the stimulating effects of iodine, topically applied, be confined to serous membranes? and why should inflammation excited by this one stimulant, stop as soon as it reaches the curative point? It would seem probable that the success which has attended the use of iodine injections, is owing to the greater delicacy of the instruments now employed, compared with those formerly in use, and to the greater care to avoid infiltration which is evinced at the present day.*

* Holland again entered the Hospital on June 3rd, having suffered a recurrence of his old gastric complaint. Fluid has once more formed in the left scrotal cavity. It will be seen, by reference to the account of the operation, p. 49, that a portion of the injected fluid escaped. This was owing to the introduction of a little air, contained in the apparatus employed.

CASE XXIII.

JOHN HEMMING, æt. 31, labourer, Selly Oak, was admitted, without note, July 27, 1844, with dislocation of femur, (into ischiatic notch), under the care of Mr. Sands Cox.

ADMISSION.—The patient was brought to the Hospital, from Selly Oak, in a cart, and admitted about a quarter to twelve p.m. As he moved across the hall, supported by a man on either side, it was observed that his left foot was dragged along, the toes touching the ground, and the heel raised therefrom, the knee being somewhat flexed; the foot was pointed forwards, with a very slight inclination outwards.

HISTORY OF THE CASE.—He states that about six p.m. the same day he fell from a plank into a canal boat, the force of the fall being principally centered upon the left hip, but he cannot tell in what position the thigh was placed with respect to the pelvis; that he was unable to rise, and after being raised, that he was unable to put his foot to the ground; that, immediately upon the occurrence of the accident, he felt severe pain in the hip-joint, and along the outer and posterior part of the leg. When stripped and laid on his back in bed, the appearances presented by the left inferior extremity were as follow; viz:—

APPEARANCE OF THE LIMB.—The heel was raised about an inch above its fellow; the inner side of the great toe rested against that of the right foot, below which its distal extremity proceeded; the knee was somewhat advanced, and, with the foot, had a slight inclination inwards; the anterior and upper part of the thigh was flattened, the prominence of the trochanter major being situated more posteriorly than natural, and anteriorly to this was an abnormal depression.

EVIDENCES OF THE DISLOCATION ASCERTAINABLE BY MANUAL EXAMINATION.—By measure, the trochanter was found to be approximated to the extent of half an inch to the anterior superior spinous process of the ilium, placed more posteriorly than that of the right side. Lying deep in the ischiatic notch, the head of the bone could be felt, which by rotating the thigh inwards, was rendered more perceptible. The limb admitted of very little rotatory motion, either outwards or inwards. It could not be extended, and flexion upon the pelvis was much limited. The patient, though of hardy appearance and conformation, was thin. His pulse was weak, and he complained of feeling feeble, probably from pain, which he stated to have been excessive.

REDUCTION.—The patient being placed on the margin of the bed on his right side, and the pelvis being firmly fixed by means of a roller towel, and the leg being flexed upon the thigh, and the thigh upon the pelvis, extension was made by an assistant below the knee,* whilst the femur being firmly grasped above, the knee was simultaneously depressed and rotated inwards. After extension had been kept up for about five minutes in the manner above described, the thigh was suddenly rotated outwards, and the joint was found to have recovered its natural motions, and the limb its natural shape and length. The pain entirely ceased. Though the patient stated himself to have felt the bone return to its place, no noise was perceptible, as usual, to the assistants and students present.

AFTER-TREATMENT.—After the reduction, extension was kept up by means of M'Intyre's splint; but being productive of much pain, this was removed, and perfect rest enjoined.

RESULT OF CASE.—The patient was discharged at the end of a month; the motions of the joint were perfect; he could stand perfectly upright, the limbs being of equal length; and he felt no pain nor inconvenience in walking.

REMARKS ON THE PRECEDING CASE.

SYMPTOMS INDICATIVE OF DISLOCATION OF THE HIP.—The inability to place the foot to the ground, and the impaired mobility of the hip joint immediately succeeding the application of direct force, together with the deformity and absence of crepitus, were highly diagnostic of dislocation.

SYMPTOMS PECULIAR TO DISLOCATION INTO THE SCIATIC NOTCH.—The nature of the deformity; pain along the course of the sciatic nerve; and lastly, but most surely, the discovery of the head of the femur in the sciatic notch were certainly characteristic of this species of dislocation.

SIMPLICITY OF THE MEANS EMPLOYED FOR REDUCTION.—The simple means practised for the purpose of effecting reduction in the above case, were employed experimentally and with little idea of success. A case is recorded in the *Provincial Medical Journal*, for Dec. 9, 1843, in which the same mode of treatment was effectually applied to the reduction of a dislocation on the "dorsum ilii." Of the practice here adopted, Fergusson writes—"Then by using the femur as a lever, and moving the limb in all directions, the reduction, *during some fortunate chance*, is accomplished."—Fergusson's *Practical Surgery*, p. 276.

* Extension was made across the middle of the other thigh. Beyond this point the left thigh could not be raised.

ANATOMICAL EXAMINATION SHOWS THE RATIONALITY OF THE ABOVE MEANS OF REDUCTION.—The examination of the relative situations of the head of the femur and the pelvis in this dislocation, will show the reasonable nature of the mode of treatment detailed in the above case. By depressing the distal extremity of the shaft of the femur, and making the other thigh a fulcrum on which this may exert its leverage, the head of the bone is thrown outwards; and this direction of the head is still further increased by the simultaneous rotation of the thigh inwards, and by extension at the knee. By these means it is at length brought to the outer margin of the acetabulum. Extension being still maintained, and the limb rotated outwards, the trochanter is directed towards the outer part of the limb, and the head of the bone towards the cotyloid cavity, into which it is drawn by the rotator muscles of the joint. Although it is not intended to be stated that *all* dislocations of the hip are capable of being reduced by the simple means above recorded, yet, from the facility with which it was accomplished in the present case, it seems not very improbable that in most cases it would succeed.

CASE XXIV.

NICHOLAS REEVES, æt. 50, No. 87, Bath-row, was admitted as an out patient, Feb. 13, 1844, with dislocation of the patella upwards, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—*Feb* 13.—The patient states that two years since, whilst suddenly turning round, he struck his knee against the corner of a chair, and he instantly fainted and fell. For the next two or three days he was able to walk, but motion of the joint produced extreme pain. Inflammation and swelling of the knee now came on, and he was obliged to take to his bed. He now called in a surgeon, who enjoined perfect rest, and ordered leeches, followed by cold lotions, and, after a time, prescribed repeated blistering; but his knee continued in such a state as to prohibit walking. He was now attended by the surgeon of his club, who, the patient states, treated the knee by cupping at intervals, and afterwards directed him to have daily recourse to walking exercise, as he wished to avoid a stiff joint; he accordingly used to walk daily, although the practice was productive of intense pain. On the 4th of February he was supplied with an instrument to strengthen the knee, and at the same time allow of motion of the joint. The leg now commenced swelling, and has continued swollen and painful ever since.

APPEARANCES OF LIMB.—There is extensive œdema of the foot and leg below the instrument, which tightly embraces the limb; the knee joint appears flattened anteriorly; while commencing above the condyles of the femur, and extending upwards in the course of the rectus, the integuments appear raised and tense. On manual examination, the patella was found wanting in its natural situation, its situation being partially filled up by a soft elastic mass, which is probably the bursa mucosa, which is naturally covered by it, abnormally enlarged. The patella may be felt lying upon the femur above its condyles, and allows of a *trifling* degree of lateral motion; above this, the rectus muscle is felt tense and somewhat raised, so that the integuments may be, as it were, pushed beneath it; and the irregular margin of the ruptured ligamentum patella may be distinctly felt upon the tuberosity of the tibia.

TREATMENT.—The patient was directed to leave off the instrument and to keep the limb raised and in a quiescent state. On the Monday following he was visited at his own house, and the œdematous condition of the leg and foot was found to have disappeared.

The leg being extended, and the body brought forwards in a sitting posture, in such a manner as to relax the rectus muscle, the patella was readily carried downwards by the fingers over the condyles of the femur, almost into its natural situation; but the part of the ligamentum patella attached to the patella could not be brought into immediate apposition with the inferior fixed portion, a space of rather more than half an inch intervening between the two, into which the enlarged bursa protruded. A bandage was now applied from the foot to the knee, and the thigh bandaged from above downwards. The simple bandage not being found adequate to prevent displacement of the patella by the contraction of the rectus, a starched bandage, applied in the same manner, was had recourse to, and by this means the patella was maintained in its natural position; but owing to the protrusion of the enlarged bursa, the ruptured ends could not be brought into immediate apposition; and although this treatment, combined with a raised posture of the limb, was persevered in until the commencement of June, no permanent good



could be effected. On the 6th of June he was supplied with an instrument so constructed as to keep the patella in situ, or as nearly so as possible. This instrument, made of leather, was strengthened by a longitudinal bar of iron, posteriorly connected with which was a spring, allowing of the heel being sufficiently raised to enable it to clear the ground : with the assistance of this instrument he walks with tolerable ease.

Sept. 27.—The patient states that his knee gets stronger, and that he can walk longer distances. The patella is found, though still very mobile, to be less so than formerly. Though the rough extremity of the lower portion of the ruptured ligament can still be distinctly felt, yet there is an increased power of extending the leg ; and during extension, between the divided portions of the ligament, can be clearly detected by the finger, a membrane, becoming more tense as the process of extending the leg is continued.

REMARKS ON THE PRECEDING CASE.

CAUSE OF THE ACCIDENT.—The cause of Reeve's accident was doubtless to be attributed to violent contraction of the rectus muscle, in the attempt of the patient to save himself from falling, though more frequently the patella is thus fractured transversely. It seems that for two or three days after his accident, Reeves was able to walk, but it was with difficulty that he did so. Inflammation then came on, with swelling, which, coupled with the fact that progression had been performed after the accident, most probably prevented an accurate diagnosis.

TREATMENT.—When the man became a Hospital patient, (as soon as the œdema was got rid of,) the patella was dislocated from its semi-naturalized locality, and prevented from returning as much as possible, but no adhesive process was established. An instrument was then devised, which retained the parts nearly in apposition, allowing only a slight degree of flexion, to admit of the heel being raised. This he has continued to wear, and a process of thickening of the parts covering the joint is gradually taking place, though still the ruptured ends of the ligament are distinct. The power of extension is, however, increased.

CASE XXV.

ANN VAUGHAN, æt. 34, housewife, was admitted August 30, 1844, at 6 p.m., with aneurism of the radial artery, under the care of Mr. Sands Cox.

HISTORY OF THE CASE.—On Tuesday week last, this patient came to the Hospital, having received an accidental wound from a carving knife. On examination, about an inch above the wrist joint, a transverse wound, on the anterior and outer part of the forearm, about an inch in length, and extending across the course of the radial artery, appeared; there was extensive hemorrhage, the blood being florid, but not ejected “per saltum,” and it was easily restrained by pressure. Upon sponging the wound, the fascia was seen to be divided, exposing the muscles beneath, which were not apparently injured.

TREATMENT.—The edges of the wound were brought together by two sutures, and by intermediate longitudinal strips of plaister secured above and below by transverse strips; a compress of lint was then placed over the wound, and the forearm firmly bandaged. Towards the close of the dressing the patient became faint; a draught containing ammonia was administered, and she was laid upon a bed in the lower ward. She soon revived, and in the course of the afternoon, as there was no symptom of hemorrhage, she was allowed to leave. Since then she has attended daily. The wound healed by the “first intent;” and this morning a mere speck remained ununited in the centre, no hemorrhage having occurred since her first appearance at the Hospital. This afternoon she was brought to the Hospital in a car, faint and covered with blood. She states that this morning, having used the affected arm in her household duties, she “felt jumping pain all up it,” but more particularly about the wound. Just before her admission hemorrhage suddenly came on, and continued until a gentleman tied a handkerchief tightly around her arm above the elbow.

APPEARANCES AND SYMPTOMS.—Upon removing the dressings, a swelling of the size of a small walnut was seen to occupy the site of the original wound. Pulsation was, visibly and distinctly perceptible in it. The integument covering the tumour was of a livid colour; the cicatrix appeared to have been ruptured, but there was no hemorrhage. Some moistened “matico” leaves were placed over the tumour and the forearm bandaged, without placing a pad over the course of the radial artery; hemorrhage did not recur during the day. The patient had been placed in bed with the arm raised.

August 31.—No further hemorrhage; a "beating pain" felt in the tumour; this sensation extends up the arm. Pulsation can be felt in the tumour through the dressings; a bruit is also heard in it.

September 1.—Having soaked the dressings with cold water, they were carefully removed. Immediately upon taking away the matico leaves, a jet of arterial blood issued from the ruptured cicatrix. The humeral artery was compressed whilst the wound was dressed with a compress and bandage. Not more than a drachm of blood was lost. A tourniquet was placed over the humeral artery, and the patient directed how to tighten it if required. No further hemorrhage occurred during the day.

Sept. 2; 10 a.m.—The artery this morning was secured in the following manner:—an incision was made of about an inch and a half in length along the course of the radial artery down to the tumour, through the integuments and fascia, and the artery being exposed, was secured with a double ligature. The pulsation in the tumour instantly ceased, and on removing pressure from the humeral artery, no hemorrhage took place. The edges of the wound were brought together by strips of adhesive plaister, a compress placed over the sac and along the course of the radial artery above it, the whole forearm equably bandaged, and a tourniquet again placed over the humeral artery. *2 p.m.*: The nurse reported that "the arm was again bleeding." The bandage was found to be tinged with florid blood just around the wound, but the patient having herself tightened the tourniquet, no hemorrhage of consequence had happened. *Vesperè*: No further hemorrhage; the arm feels quite easy.

Sept. 3; vesperè.—The arm remained quite easy during the day and no fresh hemorrhage happened; the bowels are rather confined. To take two calomel and colocynth pills at bed-time, and two ounces of ward mixture in the morning.

Sept. 4.—The humeral artery being previously compressed, the wound was denuded of its coverings. It was found to have nearly healed by the first intention, but there was a slight purulent oozing from around the ligatures. A black slough in the situation of the aneurismal sac was seen to be separating. No attempt was made to remove the ligatures. The line of incision was again secured by strips of plaister, and the whole covered with water dressing, after which the hand and forearm were firmly bandaged. No hemorrhage.

Sept. 5.—The wound was again dressed; it looked healthy; the slough has not yet separated.

Sept. 9.—The wound has been dressed daily. To day the slough is found to have separated, leaving a healthy surface beneath. The arm feels perfectly easy.

Sept. 12.—Both ligatures came away; the wound looks well.

Sept. 17.—The granulations look rather flabby. No pulsation can be felt along the whole course of the radial artery. The wound was dressed with lint soaked in a solution of sulphate of zinc, containing one grain to the ounce of water, covered with oiled silk and a bandage. It progressed favorably, and on the 25th of September the patient was discharged cured.

Sept. 30.—The patient attended this morning. There is no pulsation perceptible along the course of the radial artery, above the ligatured part; below the late site of the sac, however, a faint beating is felt under the finger.

REMARKS ON THE ABOVE CASE.

CAUSE OF THE FORMATION OF ANEURISM.—The history of the case leads to the conclusion, that the radial artery was wounded by the knife which was the cause of the accident. The probability is that the wound of the artery was closed by a coagulum, formed during the temporary state of syncope resulting from loss of blood, and that this sufficed to prevent further hemorrhage, as long as the arm was rested; that by the use which it was subjected to on the 30th of August, the arterial circulation was rendered more energetic, and that the augmented impulse of the arterial current displaced the coagulum, when hemorrhage necessarily followed. The cellular tissue around thus became infiltrated and a false aneurism formed. Matico was used experimentally, to test its styptic powers, a bandage only being moderately but firmly applied in addition, and a raised posture observed. As far as the trial extended, it was certainly successful.

OPERATION.—With respect to the operation and its result. Pulsation in the tumour instantly ceased on the tightening of the ligature above it, therefore it was that none was placed below, and that compression alone was trusted to. There was once after the operation a disposition to hemorrhage, which was restrained by increasing for a time the pressure exercised by the tourniquet upon the brachial artery. After this, no unpleasant symptom occurred. Sloughing of the sac of an aneurism, after ligature of the artery supplying it, does not usually take place. In the present instance, however, this may be readily accounted for by its recent formation, and consequently deficient organization and disposition to ulceration, evinced by repeated hemorrhage, and lividity of the integument covering it.

OBLITERATION OF THE RADIAL ARTERY.—That the artery above the ligature should become obliterated, even to its origin, may be explained by the small calibre of the branches situated intermediately between these two points. The inosculations between the

lower portion of the artery and the ulnar and interosseous arteries, effected more particularly by the anterior and posterior carpal and the superficialis volæ, will also easily explain why this part should have remained permeable.

CASE XXVI.

NOAH SHAW, æt. 40, gate-keeper, Old Swinford, was admitted October 5th, 1843, under the care of Mr. Sands Cox.

BODILY CONFORMATION.—The patient is the subject of curvature of the spine and dislocation of the head of the femur of the right side, both the effects of scrofula; the outlet of the pelvis is also much abridged by the approximation of the tubera ischi.

HISTORY OF THE CASE.—He states that he was first attacked with gravel about fifteen months back, since which time he has occasionally suffered from it. About three months ago, micturition became extremely painful, and was often suddenly retarded and as suddenly recurred; which symptoms have gradually increased to the present time. He feels a pricking sensation at the neck of the bladder; exercise is usually followed by hæmaturia; and on some few occasions, he states, that "thick whitish corruption" has been voided with his water. His general health is good; he has never been sounded; he has no hereditary tendency to calculus, although it is frequent in the neighbourhood in which he lives; the urine was found to be highly charged with lithic acid. He was sounded, and a stone detected. A good deal of irritability of the urethra and bladder followed the introduction of the instrument, and no catheter could be passed* for some months. Small pieces of calculus, of the size of millet seed, were passed at intervals; these were found to consist of oxalic acid. A bougie was at length passed, and its use repeated daily, the size of the instrument being gradually increased; by this means the urethra was so much dilated as to admit of the passing of Weiss's lithotrite.

Aug. 19.—The stone was grasped and readily crushed by the screw. The small portion of calculus which came away with the instrument was found on analysis to consist of lithic acid and oxalate of lime. The bladder was injected twice during the day,

* Apparently owing to the existence of a false passage on the left side of the urethra at its membranous passage.

but not more than two grains of solid matter came away. Hot fomentations were ordered to the perineum, and at night, there being some slight irritability, five grains of compound soap pill were ordered to be taken.

Aug. 20.—He has passed a comfortable night; the stone was again crushed, and the bladder twice injected during the day. To repeat the pill.

Aug. 21.—Several small bits of stone passed; the bladder was injected as usual. To repeat the pill.

Aug. 22.—The stone was crushed thrice, and by the scoop a large quantity of it was brought away; some two or three pieces were of the size of sweet pea seeds and consisted of lithic acid. *Vesperé:* The bladder was twice injected; the bowels were rather confined. To repeat the pill; to take in the morning six drachms of castor oil.

Aug. 23; 8 p.m.—The bladder having been previously injected, a portion of stone was grasped by Weiss's scoop, and became impacted between the blades; a stilette was passed down the tube, but it could not be forced back into the bladder; the piece, weighing six grains, was ultimately extracted. Hot fomentations were applied. $8\frac{1}{2}$ *p.m.*: Violent rigors have come on; his extremities are cold and clammy; the pulse* is extremely feeble; he has passed another bit of calculus, weighing four grains. He was ordered tincture of opium, twenty-five minims; compound spirit of ammonia, half a drachm; camphor mixture, one ounce: to be taken directly. Bottles of warm water to be applied to the feet. *10 p.m.*: Rigors less frequent and violent; surface covered with a warm perspiration. *12 p.m.*: He again feels better. To repeat the opiate draught.

Aug. 24.—Has retained his urine all night, which he has not before done for months; some blood voided from the urethra last night; the bowels are costive. He was ordered sulphate of magnesia, one ounce; saline mixture, eight ounces: to take one ounce every four hours. Beef tea twice a day.

Aug. 25; vesperé.—Three small bits of calculus passed; slight pain during micturition; occasional chilliness; bowels freely opened; no swelling in the course of the urethra. To continue the mixture every six hours.

Aug. 26.—The urine contains a little mucus, but no blood; smarting pain at the neck of the bladder; the bowels quite free; the tongue slightly furred, but moist; pulse weak. He was ordered two mutton chops for dinner daily; and disulphate of quina, extract of henbane, of each two grains, to be taken twice a day. A full-sized catheter was passed without pain or difficulty.

Aug. 27.—Pain and tenderness of perineum; pulse weak;

* Felt on the ulnar side of the forearm. No radial pulsation has been perceptible in either arm since his admission.

the tongue moist; great debility; the urine contains much mucus; the bowels are open. Six leeches were ordered to be applied to the perineum; and to take the bark and henbane pills every six hours.

Aug. 28.—Pain in the urethra, followed by chilliness, which were, however, relieved by a draught, containing tincture of opium, spirit of nitric æther, twenty-five minims of each.

Aug. 30; 5 p.m.—Immediately consequent upon a painful attempt at micturition, rigors and syncope supervened. He was ordered tincture of opium, spirit of nitric æther, of each half a drachm; camphor mixture, one ounce. The draught produced profuse perspiration and afforded relief.

Sept. 1.—He passed, "per vias naturales," two pieces of calculus; the largest weighs six grains, the smaller one grain; he had much pain in passing them, but now feels comfortable. To continue the bark and henbane pills.

Sept. 6.—The bladder being previously injected, the stone was again grasped and crushed by the screw. The part seized was of the diameter of half an inch; the operation was very painful. From this date until the 18th there was much irritability; there was a copious deposit of mucus in the urine; almost constant pain at the neck of the bladder, though little, if any, tenderness; occasional slight hæmaturia, and the debility was much augmented. Quinine was continued, and occasional opiates were administered; the bowels were regulated by castor oil; no instrument was introduced.

Sept. 19.—The irritability of the bladder continuing, he was ordered bicarbonate of potass, two drachms; tincture of henbane, two drachms; decoction of pareira brava, eight ounces: one ounce to be taken three times a day.

Sept. 21; manè.—Irritability much diminished; debility still greater. *Vesperè*: Complains of having had "chilly feels," but the surface is rather hot; the tongue is coated with a thick white fur; bowels confined. Broth diet. He was ordered calomel, James's powder, four grains of each to be taken directly.

Sept. 22.—Feels "bad all over him;" no augmentation of vesical symptoms; the skin hot and harsh; the tongue is still more thickly coated; the bowels have been acted upon; pulse quick and sharp; there was some redness of the anterior part of the right forearm; it was dissipated by pressure; this, he said, was the result of a burn from the flame of a candle, two or three days since. He was ordered mercury, with chalk and powdered rhubarb, of each four grains: to be taken every four hours. Wine of potassio-tartrate of antimony, two drachms; saline mixture, eight ounces: one ounce to be taken with each dose of the pills. *10 p.m.*: Much worse; the countenance pallid and lips disposed to lividity; the extremities cold; the pulse at the wrist impercep-

tible; the temporal artery beating but feebly; respiration short, but not painful; the tongue densely coated; crepitation distinctly heard on the left side of the thorax. The integument of the right forearm, which was livid, had a quaggy feel. He was ordered spirit of sulphuric æther, forty minims; camphor mixture, one ounce and a half: to form a draught to be taken immediately. Bottles of warm water to be applied to the feet. At about 11½ *p.m.* the state of the patient became still worse. A dose of saline effervescing mixture, containing ammonia, was ordered to be exhibited at such intervals as might be deemed necessary. The patient suddenly expired about five minutes before twelve.

POST MORTEM EXAMINATION.

September 24th, 8 a.m.

THE CRANIUM.—Meninges of the brain congested posteriorly, and slightly so anteriorly; the substance of the brain healthy; about 3 i. of reddish serum in the two lateral ventricles.

THORAX.—Extensive old pleuritic adhesions on both sides, more particularly on the left; the lungs were of a healthy structure, but congested, the right only posteriorly, the left generally. The heart was of natural size, but much flattened in its posterior diameter; the different cavities and orifices normal; springing from the corpora arentii of two of the aortic valves were slight vegetations; the ascending aorta was copiously studded with punctæ of atheromatous deposit.

ABDOMEN—KIDNEYS.—The right contained in its substance, beneath the peritoneal coat, a cyst, the walls of which were formed by a double membrane, containing about a drachm of brownish viscid fluid; no communication between this cyst and the pelvis of the kidney could be detected; the cortical portion encroached upon towards its centre by a deposit of yellowish grey matter. The left kidney had on its surface, beneath the peritoneal coat, several small cysts, presenting the same characters, and containing fluid of the same appearance as that found in the right. Upon one occasion some fluid obtained from these cysts having been left to evaporate spontaneously, and afterwards subjected to the microscope, crystals of the triple phosphate were distinctly visible. This would probably depend upon urine having passed from the tubuli uriniferi into the cysts by endosmosis. Scattered about its cortical substance were numerous small punctæ of earthy deposit.

PELVIS—BLADDER.—This viscus, together with the penis, having been removed, the urethra was cut through longitudinally, as were

also the anterior parietes of the bladder; the coats of the latter, which could have contained from eight to nine ounces of fluid, were not unnaturally thickened, and presented no trace of inflammation; there were, however, two or three congested spots. The urethra was capacious, with no trace of rupture or abscess. On the left of the "caput gallinaginis," was a valvular prolongation of the lining membrane, about a quarter of an inch in length, of semilunar form, the free margin being directed forwards.* The abdominal viscera not specially mentioned above, were healthy. The integument of the right forearm was extensively infiltrated with serum, but no disorganisation of the substance had occurred; there was no radial artery.



The calculus, an exact representation of which, drawn by Mr. Bradley, a student of the College, is here given, weighed 96 grains. The nucleus was formed of lithic acid, surrounded by lithate of ammonia; external to this was a layer of oxalate of lime, and upon this was deposited a thin lamina of lithic acid, tuberculated externally.

LITHOTOMY INADMISSIBLE.—Lithotomy in the case of Shaw, was inapplicable, owing to the extreme diminutiveness of the outlet of the pelvis; the only means, therefore, of relieving the patient of his tormenting malady, was the employment of lithotrity.

LITHOTRITY, THE CASE WELL ADAPTED FOR.—The case was one in which there appeared to be a fair probability of a successful result. The stone was ascertained to be of moderate size, the urethra capacious, and the patient not of irritable habit. The first three operations were borne extremely well, little more irritability following than would have been caused by the use of a common full-sized catheter. The extraction, "per urethram," of a large piece of calculus from the bladder, on the 23rd of September, was followed by violent rigors, which, however, readily succumbed to the treatment. The pain gradually increased in intensity, without inflammatory symptoms to account for it: the patient frequently stated that he thought the pain would kill him.

CAUSE OF DEATH OBSCURE.—Much obscurity attaches apparently to the cause of death. "Bright's disease" was supposed to be a likely cause of his sudden demise. It was certainly present, but not in a sufficiently advanced stage to account for death. And, moreover, though full half of the brain was subjected to analysis, not a trace of urea could be procured.† The limited erysipelatous inflam-

* The outlet of the pelvis was so contracted as not to admit of the passage of two fingers.

† It was hardly to be expected that urea should have been found, as the disease was in an early stage, and the symptoms were not such as would have been induced by it. In two cases of sudden death which have lately occurred in the Hospital, and in which extensive granular degeneration of the kidneys was discovered post mortem, urea was found in the cerebral substance, in the one case, which was the subject of judicial enquiry,

mation of the forearm could not be esteemed an efficient cause of death; although, from the state of nervous debility in which the patient then was, it might have conduced to hasten it. The presence of coagulated fibrin in all the cavities of the heart, showed that it was not a deficiency of stimulus which prevented the heart from carrying on its function, but rather an abnormal insensibility to stimulus, depending upon nervous exhaustion, the effect of the severe and long-continued pain which the patient had been suffering from.

RELATION BETWEEN BRIGHT'S DISEASE AND THE PRESENCE OF HYDATIDS IN THE KIDNEY.—It has been suggested that granular degeneration of the kidneys, and hydatidinous cysts such as here found, stand in the relation the one to the other as cause to effect, the former disease necessarily resulting from the presence of the latter condition. Baillie,* on the other hand, conceives it to be “probable, therefore, that the hydatids which are commonly found in the kidney, depend on diseased alteration in the structure of the organ.” In other cases in which cysts have been found, granular degeneration has also been present. In one of these, both kidneys were extensively diseased, and both contained cysts in and on their cortical structure. Again, in the other instance, both kidneys were in the last stage of granular degeneration, *but one only* presented to view hydatidinous formations. Again, notes also of two cases, in which degeneration existed, shew no cyst, nor the trace of a cyst. Whence arises the conclusion,—that though the co-existence of the two happens too frequently to be considered accidental, yet that the presence of these cysts is not necessary for the production of “Bright’s disease.” That hydatid cysts may, however, induce this disease is extremely probable, as they may doubtless mechanically produce congestion and its consequences, by encroaching upon the secreting portion of the organ.

NATURE OF THE FLUID CONTAINED IN THE CYSTS.—In the fluid, contained in two of the cysts, subjected to microscopical observation, were seen numerous small globular bodies. To the periphery of the larger of these were attached other smaller globules; some were pediculated, others not. Crystals, much simulating those of urea, were also observed; but in consequence of its being placed in a warm situation, decomposition of the fluid speedily took place, so that a satisfactory analysis could not be made.

and in a second, where the patient was brought into the Hospital comatose, with suppression of urine.

* See Baillie’s Morbid Anatomy, p. 278.

